MAY 7 1945
UNIVERSITY OF MARYLAND

# THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

BALTIMORE MEDICAL COLLEGE NEWS

VOL. IX NOVEMBER 15, 1913 No. 9

THE ONE HUNDRED AND EIGHTH
ANNUAL SESSION
OF THE
SCHOOL OF MEDICINE
OF THE
UNIVERSITY OF MARYLAND
WILL BEGIN OCTOBER 1st, 1914

For Catalogue and Other Information, Apply to
R. DORSEY COALE, M.D., Ph.D., Dean

Beef, Iron and Wine, with Hydropepsin
Liquid Pi-cine Co. Red Syr. Hypophosphites
Comp. Salol Capsules

THOMAS & THOMPSON
Manufacturers and Dispensers of
*Pure Medicines*
Corner Baltimore and Lignt Streets, Baltimore
*Staff of Eight Competent Men at Prescription Counter*

D. HARRY CHAMBERS

*Prescription*
*Optician .. ..*

312-314 N. HOWARD STREET

Exacting and Unusual
Pharmaceutic Demands

ARE EFFECTIVELY AND
PROMPTLY MET BY

HYNSON, WESTCOTT & CO.

*Distinctive Pharmacists*

Charles and Franklin Sts. Telephone, Mt. V. 890
Linden and North Aves. Telephone, Mad. 405

*Accounts Solicited*

PROMPT CITY AND SUBURBAN DELIVERY

# UNIVERSITY OF MARYLAND
## SCHOOL OF MEDICINE

THOMAS FELL A.M., Ph.D., LL.D., D.C.L., - - Provost

### FACULTY OF PHYSIC

SAMUEL C. CHEW, M. D., LL. D., Emeritus Professor of Medicine.
R. DORSEY COALE, M. D., Ph. D., Professor of Chemistry and Toxicology.
RANDOLPH WINSLOW, A. M., M. D., LL. D., Professor of Surgery.
L. E. NEALE, M. D., LL. D., Professor of Obstetrics.
CHAS. W. MITCHELL, A. M., M. D., Professor of Pediatrics and Clinical Medicine.
THOS. A. ASHBY, M. D., LL. D., Professor of Diseases of Women.
JOHN HOLMES SMITH, M. D., Professor of Anatomy.
JOHN C. HEMMETER, M. D., Ph. D., Sc. D., LL. D., Professor of Physiology and Clinical Medicine.
A. M. SHIPLEY, M. D., Professor of Materia Medica and Surgical Pathology.
DAVID STREETT, A. M., M. D., Professor of Practice of Medicine.
S. K. MERRICK, M. D., Professor of Diseases of the Nose and Throat.
R. B. WARFIELD, M. D., Professor of Practice of Surgery.
ERNEST ZUEBLIN, M. D., Professor of Medicine.
HIRAM WOODS, JR., M. A., M. D., Professor of Eye and Ear Diseases.
JOSE L. HIRSH, B. A., M. D., Professor of Pathology and Bacteriology.
JOHN S. FULTON, A. B., M. D., Professor of State Medicine.
DANIEL BASE, B. A., Ph. D., Professor of Analytical Chemistry.
E. F. CORDELL, A. M., M. D., Professor of History of Medicine.
GORDON WILSON, M. D., Professor of Clinical Medicine.
HARRY ADLER, B. A., M. D., Professor of Therapeutics and Clinical Medicine.
THOMAS C. GILCHRIST, M. R. C. S., M. D., Professor of Dermatology.
FRANK MARTIN, B. S., M. D., Professor of Operative and Clinical Surgery.
CHARLES G. HILL, A. M., M. D., Professor of Psychiatry.
A. C. POLE, M. D., Professor of Descriptive Anatomy.
J. D. BLAKE, M. D., Professor of Clinical Surgery.
J. FRANK CROUCH, M. D., Professor of Clinical Ophthalmology and Otology.
J. M. H. ROWLAND, M. D., Professor of Clinical Obstetrics.
CHARLES O'DONOVAN, A. M., M. D., LL.D., Professor of Clinical Pediatrics and Clinical Medicine.
G. MILTON LINTHICUM, A. M., M. D., Professor of Proctology.
W. B. PERRY, M. D., Professor of Clinical Gynecology.
TILGHMAN B. MARDEN, A. B., M. D., Professor of Histology and Embryology.
J. MASON HUNDLEY, M. D., Professor of Clinical Gynecology.
JOSEPH T. SMITH, M. D., Professor of Medical Jurisprudence and Hygiene.
ST. CLAIR SPRUILL, M. D., Professor of Clinical Surgery.
R. TUNSTALL TAYLOR, M. D., Professor of Orthopedic Surgery.
JOHN R. WINSLOW, B. A., M. D., Professor of Diseases of the Throat and Nose.
J. M. CRAIGHILL, M. D., Professor of Clinical Medicine.
JOS. E. GICHNER, M. D., Professor of Clinical Medicine and Physical Therapeutics.
CHAS. M. McELFRESH, M. D., Professor of Clinical Medicine.
IRVING J. SPEAR, M. D., Professor of Nervous Diseases.
GIDEON TIMBERLAKE, M. D., Professor of Genito-Urinary Diseases.
JAMES A. NYDEGGER, M. A., M. D., Sc. D., Surgeon U. S. P. H. Service, Professor of Tropical Medicine.
JOHN G. JAY, M. D., Clinical Professor of Surgery.
NATHAN WINSLOW, A. M., M. D., Clinical Professor of Surgery.
PAGE EDMUNDS, M. D., Clinical Professor of Genito-Urinary Diseases.
RICHARD H. JOHNSTON, A. B., M. D., Clinical Professor of Diseases of the Nose and Throat.
JOSEPH W. HOLLAND, M. D., Associate Professor of Anatomy.
T. L. PATTERSON, M. A., Associate Professor of Biology and Physiology.
WILLIAM TARUN, M. D., Associate Professor of Diseases of the Eye and Ear.
G. C. LOCKARD, M. D., Associate Professor of Clinical Medicine and Pediatrics.
E. L. WHITNEY, M. D., Associate Professor of Physiological Chemistry, Pharmacology and Clinical Pathology.
E. B. FREEMAN, S. B., M. D., Associate Professor of Clinical Medicine.
WILLIAM CASPARI, JR., Ph. G., M. D., Associate Professor of Materia Medica.
J. W. COLE, M. D., Associate Professor of Clinical Medicine.
H. R. SPENCER, M. D., Associate Professor of Pathology and Bacteriology.
E. R. STROBEL, A. B., M. D., Associate Professor of Dermatology.
W. B. WOLF, M. D., Associate Professor of Genito-Urinary Diseases.
THOMAS W. KEOWN, A. B., M. D., Associate Professor of Clinical Medicine.
J. CLEMENT CLARK, M. D., Associate Professor of Psychiatry

P
Mac
M

LIBRARY
MAY 7 1945
UNIVERSITY OF MD.

# THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

BALTIMORE MEDICAL COLLEGE NEWS

VOL. IX NOVEMBER 15, 1913 No. 9

THE ONE HUNDRED AND EIGHTH
ANNUAL SESSION
OF THE
SCHOOL OF MEDICINE
OF THE
UNIVERSITY OF MARYLAND
WILL BEGIN OCTOBER 1st, 1914

For Catalogue and Other Information, Apply to
R. DORSEY COALE, M.D., Ph.D., Dean

Beef, Iron and Wine, with Hydropepsin
Liquid Pi-cine Co. Red Syr. Hypophosphites
Comp. Salol Capsules

THOMAS & THOMPSON
Manufacturers and Dispensers of
*Pure Medicines*
Corner Baltimore and Light Streets, Baltimore
*Staff of Eight Competent Men at Prescription Counter*

D. HARRY CHAMBERS

*Prescription*
*Optician .. ..*

312-314 N. HOWARD STREET

Exacting and Unusual
Pharmaceutic Demands

ARE EFFECTIVELY AND
PROMPTLY MET BY

HYNSON, WESTCOTT & CO.

*Distinctive Pharmacists*

Charles and Franklin Sts. Telephone, Mt. V. 890
Linden and North Aves. Telephone, Mad. 405

*Accounts Solicited*

PROMPT CITY AND SUBURBAN DELIVERY

Hon. HENRY D. HARLAN, LL.D.
Dean
1061 Calvert Building
Chief Judge, Supreme Bench of Baltimore City

EDWIN T. DICKERSON
Attorney-at-Law
Secretary and Treasurer
301 St. Paul Street

# THE LAW SCHOOL

OF THE

## UNIVERSITY OF MARYLAND

Lombard and Greene Streets

BALTIMORE, MD.

A DAY SCHOOL and a NIGHT SCHOOL, with the same Faculty, requirements, course of instruction and fees, are conducted by the Law School.

LECTURES { DAY SCHOOL, 4-7 P. M.
NIGHT SCHOOL, 6-9 P. M.

FOR CATALOGUE AND FURTHER INFORMATION, APPLY TO

EDWIN T. DICKERSON
Secretary and Treasurer
301 St. Paul Street BALTIMORE, MD.

# THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

BALTIMORE MEDICAL COLLEGE NEWS

NOVEMBER 15, 1913

## CONTENTS

ORIGINAL ARTICLES—

The Duodenal Tube: A Brief Discussion Regarding Its Uses and Value. Albert Hynson Carroll, M.D. ..... 155

The Relation of Roger's Albumen Reaction to the Pathology of Miners' Pneumokoniosis. A. K. Moilliet, M.D. ..... 161

EDITORIALS. ..... 163

The University Library.
The Registration of 1913-14.
The Pathological Endowment Fund.
Clara E. Query, R. N.
Memorial Tablet to Dr. Cordell.

ITEMS. ..... 165

BIRTHS. ..... 172

MARRIAGES. ..... 172

DEATHS. ..... 172

GIDDINGS & ROGERS

300 COURTLAND STREET

BALTIMORE, MD.

We Have the Facilities for Printing All Orders, from the Smallest to the Largest. We Are Prompt. Our Prices Are Reasonable

ESTIMATES CHEERFULLY GIVEN

Printers, Steel Die Engravers, Lithographers
Blank Book Makers

# INDEX TO ADVERTISERS

When you write, say you saw advertisement in THE HOSPITAL BULLETIN.


Alpha Photo-Engraving Co. ..... xiii
Antiphlogistine (Denver Chem. Co.) ..... ix
Archer's Laundry ..... ix
Baltimore Law School ..... ii
Battle & Co. ..... xiii
Benton, Luther B. ..... vii
Bristol-Myers Co. ..... xi
Bowen & King ..... vii
Calvert Bank ..... vi
Chambers, Harry D. ..... Front cover
Commonwealth Bank ..... xii
Deer Park Sanitarium ..... xvii
Dental Dept., Univ. of Maryland ..... xiv
Dunnett, Wm. ..... xii
Fetting, A. H. ..... vii
Fellows Medical Mfg. Co. ..... ix
Geneva Mineral Water ..... xvii
Gilpin Co., Henry B. ..... xvi
Gundry Sanitarium ..... xvii
Gundry Home, Richard ..... xvi
Gutman & Co., Joel ..... xi
Hynson, Westcott & Co. ..... Front cover
Jacobs & Sons, Wm. ..... xvi
Jones, R. Lee ..... xii
Kress & Owen Co. ..... viii
Lefrance & Ault ..... x
Lozak ..... xv
Martin H. Smith Co. ..... Front cover, xiv
Maryland Casualty Co. ..... vii
Miller, Wm. J. ..... vii
Morrison & Fifer ..... vii
National Bank of Baltimore ..... xii
Neely & Ensor ..... xii
Neuhaus & Co., Chas. ..... v
North German Lloyd ..... viii
Old Town Laundry ..... xii
Pikesville Dairy Co. ..... v
Pillsbury Flour Mills Co. ..... xiii
Pippen's Book Store ..... x
Relay Sanitarium ..... xvi
Resinol Chemical Co. ..... x
Schuster & Co. ..... x
Sessions & Co., A. D. ..... xii
Sharp & Dohme ..... v
Square Diehl Clothes ..... xvi
Sultan Drug Co. ..... xi
Thomas & Thompson ..... Front cover
University Hospital ..... xiv
University of Maryland ..... Back cover
Walker-Gordon Methods ..... vii
Walnut Grove Dairy ..... xiii
White & Co. ..... xiii
Willms Surgical Inst. Co., Chas. ..... vi



Keep in Touch with the Happenings
at the University through

# THE HOSPITAL BULLETIN

$1.00 a Year

# PIKESVILLE DAIRY CO.

## MILK PASTEURIZATION

Dr. M. J. Rosenau of the University Medical School, speaking on pasteurization, said:

"Many experiments have been made in several laboratories, and in my own laboratory, demonstrating to our entire satisfaction that milk heated for the temperature and time described, '(60° C. for twenty minutes)', sours just as normal, raw milk sours. Nature's danger signal has not been destroyed, and there can be no objections from that particular standpoint."

C. & P. PHONE C. & P. PHONE

## CHARLES NEUHAUS & CO.

MANUFACTURERS OF

SURGICAL, DENTAL AND ORTHOPAEDICAL INSTRUMENTS

ELASTIC STOCKINGS, SUPPORTERS, TRUSSES, ETC.

510 N. Eutaw Street BALTIMORE, MD.

*Founded 1860* *Incorporated 1893* *Present 1913*

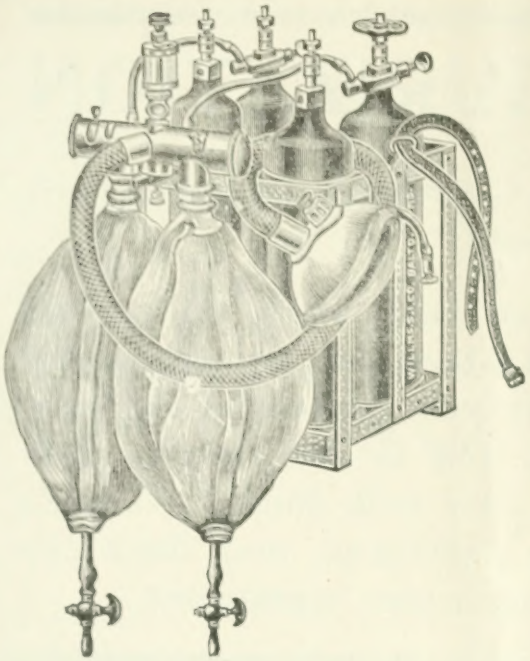
## SHARP & DOHME

Laboratories: BALTIMORE General Offices: New York

MANUFACTURING CHEMISTS

*Message to Physicians:* The value of medicines depends upon their accuracy, purity and truth to label. These three elements all depend upon the control of the manufacturer of his raw materials, his processes and his finished products. This control of raw materials, checking of processes and formulas, control of bottling and labelling and analytical testing of finished products has reached its highest state of perfection in the laboratories of **SHARP & DOHME.** Hence the specification of Sharp & Dohme or S. & D. will guarantee efficiency, purity and reliability of the products entering your prescription.

## S. GRIFFITH DAVIS, M.D. BALTIMORE, MD.



# Nitrous Oxide, Oxygen and Ether Inhaler

The Davis Apparatus is the most developed and thoroughly equipped apparatus for the administrations of Nitrous Oxide, Oxygen and Ether, and in use by the leading hospitals.

*Write for Literature*

**The Chas. Willms Surgical Instrument Co.**

300 North Howard Street

BALTIMORE, MD.

---

ESTABLISHED 1834

## F. ARNOLD & SONS

310 N. EUTAW STREET
BALTIMORE, MD.

DEALERS IN

# High-Grade Surgical Goods, Orthopedic Instruments

**Hospital Supplies of All Descriptions**

The fame of Arnold & Sons is based on an honorable record, covering more than THREESCORE AND TEN YEARS.

"Courteous Treatment" and "Honest Goods" assured.

Members of the profession outside of Baltimore will be promptly supplied—orders by mail or 'phone quickly forwarded.

NOTE—Agents for "Mulford's Vaccine and Antitoxins." COMPETENT LADY ATTENDANT.

---

Capital, - - $ 100,000
Surplus, - 60,000
Deposits Over 2,000,000

## CALVERT BANK

IN THE SHOPPING DISTRICT

**S. E. Corner Howard and Saratoga Streets**

Branches: 1813 Pennsylvania Ave. Baltimore and Carey Sts. Light and Cross Sts. Gay and Monument Sts.

WM. C. PAGE, President — JAMES H. PRESTON, Vice-President and Counsel — W. H. DASHIELL, Cashier — RICHARD GWINN, 2d Vice-President

DIRECTORS

| | | | |
|---|---|---|---|
| Hon. James H. Preston | Richard Gwinn | Thos. W. Jenkins | Chas. W. Jones |
| Wm. C. Page | Charles W. Hurst | Frederick H. Gottlieb | Wm. B. Fallon |
| W. O. Horsey | J. C. Taliaferro | William F. Knox | B. J. McCullough |

COMMERCIAL DEPARTMENT—Large and small deposits received subject to check

SAVINGS DEPARTMENT—Deposits received from 25 cents up. 3½% interest paid

SAFE DEPOSIT BOXES, $3 AND UPWARDS

Lawful Depository for any Trustee, Receiver, Guardian, Executor or Administrator, Committee, Agent, Public Officer or Fiduciary

## Walker-Gordon Methods
AND
## BURNSIDE FARM MILK

THE Laboratory sells only milk produced at BURNSIDE FARM, where the methods and equipments for producing milk of the safest type possible are strictly in accord with the rules and regulations adopted by the Medical Milk Commission of the American Medical Association.

In addition to the usual chemical and microscopic tests, bacteria counts are made regularly of the mixed milk and of the individual cows to guard against any possible udder infection.

Besides all possible milk modifications, the Laboratory dispenses such special products as: Distilled Water, Cereal Waters, Whey, Malt Soup, Eiwerss Milk, Buttermilk, Kephir, Kumyss, Bulgara and Bulgara Tablets (containing Bacillus Bulgaricus), Milk Ferment Cultures and Special, Raw or Sterilized Milk for ocean or other travel.

## Morrison & Fifer

*Dispensing Chemists*

We solicit your patronage and assure you we personally supervise every prescription or order intrusted to our care.

LINDEN AVE. AND DOLPHIN ST.

## A. H. FETTING

Manufacturer of

GREEK LETTER FRATERNITY JEWELRY

213 N. Liberty Street

Memorandum package sent to any fraternity member through the secretary of the chapter. Special designs and estimates furnished on class pins, rings, medals for athletic meets, etc.

## LUTHER B. BENTON

*... Dental Depot ...*

305 N. HOWARD STREET

WM. J. MILLER

*Jeweler*

28 East Baltimore Street

We manufacture B. M. C. Seals, City College and other Seals in Buttons, Fobs, Hat Pins, etc., Solid Gold and Sterling Silver, 50c. to $5.00.

Class Pins a specialty.

Anything in College Jewelry can be found here.

## INSURANCE

*Accident* *Health* *Burglary*
*Automobile* *Physicians' Defense*

Maryland Casualty Co.

St. Paul 2218 L. T. TONGUE, General Agent

*We Do Not Prescribe Glasses—We Make Them*

## BOWEN & KING

*Prescription Opticians*

117 N. Liberty Street

Both Phones BALTIMORE, MD.

# Orient or Occident!

## No Vacation You Can Possibly Plan

will be so altogether delightful, restful and invigorating as an Ocean Voyage and travel in foreign lands. Arrange for an extended tour, or, if your time is limited, for a short trip on one of the "floating palaces" of the North German Lloyd Line.

Fast Express Steamers Every Tuesday—

**New York, London, Paris, Bremen**

Passenger Steamers Every Wednesday—

**Baltimore Direct to Bremen**

Twin Screw Steamers Every Saturday—

**New York, Gibraltar, Naples, Genoa**

Passenger Service to Egypt, India, Ceylon, Japan, China and Australia
Independent Around-the-World Tours
N. G. L. Travelers Checks Good All Over the World

Write for particulars to

A. SCHUMACHER & CO.
Hansa Haus Baltimore

# North German Lloyd

# Glyco-Thymoline

IS INDICATED FOR

## Catarrhal Conditions in any part of the body

NASAL · THROAT
STOMACH · INTESTINAL
RECTAL AND
UTERO-VAGINAL CATARRH

## KRESS & OWEN COMPANY

361 & 363 PEARL ST., NEW YORK

Sole Agents for Great Britain-THOS. CHRISTY & CO., 4-10 & 12 Old Swan Lane, London, E.C.

# THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

Published Monthly in the Interest of the Medical Department of the University of Maryland

PRICE $1.00 PER YEAR

Contributions invited from the Alumni of the University, Business Address, 608 Professional Building, Baltimore, Md.

Entered at the Baltimore Post-office as Second Class Matter

Vol. IX BALTIMORE, MD., NOVEMBER 15, 1913 No. 9

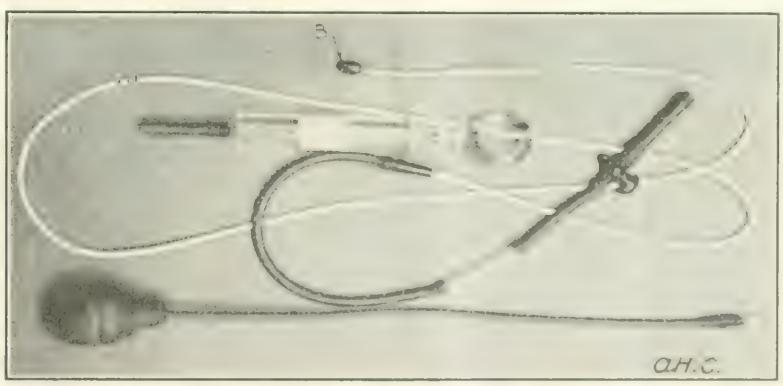
## THE DUODENAL TUBE: A BRIEF DISCUSSION REGARDING ITS USES AND VALUE.*

By Albert Hynson Carroll, M.D.
(Associate in Diseases of the Stomach and Intestines. University of Maryland.)

During the past year I have frequently had occasion to use the duodenal tube in the diagnosis and in the treatment of disease in private and in ward cases at the University Hospital. Questions are constantly being asked concerning its value and the technique, not only by the students but by the visiting physicians as well.

The object of this paper will be to answer some of these questions. Lack of space will prevent going at all deeply into the subject. For instance, a discussion of duodenal feeding alone would consume more space than I have at my disposal. Hence I shall give but a short description of the tube and the technique and then I shall touch only upon some of those conditions met with where it has proven its value as an aid in diagnosis and in treatment.

The duodenal tube is a recent addition to our armamentarium and many physicians have not as yet armed themselves by becoming familiar with its many possibilities. This is in part due to the fact that there have been comparatively few investigators working with it and because there has been less reporting in the medical journals of cases, than is usually the case following the introduction of a new method, and one which furnishes us with so fertile a field for fruitful investigation.




EINHORN'S DUODENAL TUBE, WITH THE GLASS SYRINGE.

With a broader knowledge, no doubt the tube will become a part of the kit of many practitioners. The literature to date is not great in volume, it is rational and is readily comprehended. There is a delightful absence of false or ungrounded claims made for it, and Max Einhorn, who gave us the method, is perhaps the most modest of any in his claims for its merits.

For a long time studies had been carried on with the gastric secretions and gastric juice was a familiar object in the laboratory. Appreciating

*Read at the scientific session of the semi-annual meeting of the Medical and Chirurgical Faculty of Maryland, Hagerstown, October 22, 1913.

that the digestive processes only began in the stomach, there was naturally a keen desire to study the enzymic properties of the juices secreted into the upper part of the small intestine. For it is here that the food residue from the stomach comes into contact with the copious secretions poured out by the liver and the pancreas. To carry on such studies it is necessary that the duodenal contents be secured under as nearly physiological conditions as possible. Intubation was the solution of the problem, and Hemmeter, in 1895, devised a rubber bag which could be inflated after it was introduced into the stomach. The walls of this bag then approximate the walls of the stomach. Along the lesser curvature of the bag is a groove which serves to direct a slender rubber tube through the pylorus and on into the duodenum.[1]

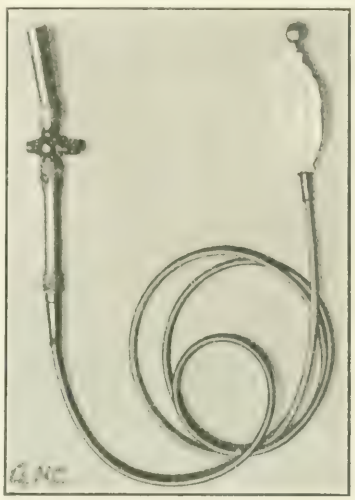
Following this ingenious contrivance came the duodenal bucket, a small capsule-like container attached to a string and supplied with a lid which closes the "bucket" when it is being withdrawn. The "bucket" is swallowed and is carried into the duodenum by the peristaltic movements of the stomach. Only a small amount of secretion can be secured. The contents of the bucket are frequently contaminated. It is of value in diagnosis only. Medication with it is out of the question.

Max Einhorn, in 1910, gave us his duodenal tube and described the technique.[2] At almost the same time Gross devised a very similar instrument.[3] No doubt the ease with which the bucket attached to a thread entered the duodenum, suggested that a rubber tube attached to a perforated capsule would likewise penetrate the pylorus. Later, when this had been accomplished, other devices appeared and several of these are shown in this paper, more to illustrate the ingenuity of the investigators than because of any value, except in the experimental laboratory.

*Description of the Tube.*—The tube is simply a slender rubber tube, 90 c.m. in length, having a perforated olive-shaped metal bulb attached to the distal end. It is marked at 40 c.m., to indicate when the bulb has reached the cardiac orifice of the stomach; at 56 c.m. the pylorus, and at 70 and 80 c.m. the distance from the bulb or capsule. The proximal end is provided with a two-way stopcock. A glass syringe completes the outfit.

The tube devised by Gross is 125 c.m. in length and is 0.2 c.m. in diameter. It is marked at every 10 c.m. and has a collecting bulb incorporated in the tube. It offers no advantage over that of Einhorn.

*Technique of Duodenal Intubation.*—The patient is given a cup of tea with sugar, but with no milk in it, on an empty stomach. One-half hour later the perforated bulb is placed well back on the tongue and the patient told to swallow. A mouthful of water may be given to aid the act. The patient should breathe through the mouth and the teeth should be kept apart. He may be allowed to read in order to divert the mind. Shortly after the bulb has entered the stomach I make it a practice to asiprate some of the gastric contents for study. The material secured may be of interest. I have unexpectedly found blood in several of my cases.



No. 1. This is a duodenal tube with a balloon attached to its end. When in the duodenum it can be dilated. Its real use has as yet to be proven except perhaps as a means of locating the pylorus and experimentally determining its patency. With it a spasm may at times be differentiated from a partial obstruction. It has been used in an attempt to relieve the former condition. Such a contrivance may be utilized in duodenal transillumination. Experimentally interesting, but in my opinion of little value.

The tube should now be filled with water and the patient directed to lie on his right side. The end of the tube is allowed to hang down at a lower level than the patient's stomach. From time to time the cock may be opened and the fluid which drops from it inspected. When the 70 c.m. mark is at the lips the bulb should be *in situ*, and a golden-green viscid fluid drop freely from the opening in the tube. It may be illuminating to know just when the tube leaves the stomach, as this will perhaps give a clue as to the peristaltic activity of the gastric bag. It must be remembered that in an atonic state the journey may re-

quire hours, even in the absence of any mechanical obstruction at the pylorus. In many of my cases where there was a hyperperistalsis the duodenal contents have appeared in less than a half hour.

It is well also to remember that the tube will collapse at its most compressible portion and that any vigorous attempt to aspirate, will result in such an accident. Many times a very thick mucus, which could not possibly be aspirated, will siphon slowly from the tube, if sufficient time is allowed. It is better practice to siphon, rather than to secure the contents of either the stomach or duodenum by aspiration.

---

The question is frequently asked: What can you learn from the aspirated material? *Besides testing it for acid or alkaline reaction, specific gravity, appearance, bile, presence of blood and admixture of mucus, the principal point of importance is to determine the presence or the absence of its three principal and very important ferments—trypsin, steapsin and amylopsin—and their amount.*

To know if the intestinal digestion of proteid, of fats and of starch is possible is surely of great moment. But not only must we know if such fermentation can take place in the case we are studying, but we must know also if the passage of the food residue is so regulated that digestion may occur in an orderly manner. The hydrolitic processes brought about by the activities of the various enzymes may not produce orderly or complete cleavage if the time element is improperly ordered. We will remember that even cellulose may disappar in great part in passing through the alimentary tract, and Conheim has ascribed this to the prolonged action of bacteria.[4] Furthermore, bacterial action may so alter the microscopical picture of all food residue that the observer may be entirely misled in drawing his conclusions if he be unaware of the time intervals occupied in the passage of the food residue through the various anatomical divisions. By this I mean the period it remains in the stomach, in the small intestine and in the first and last part of the large intestine.[5]

We must know the rate of progress as well as the presence or absence of the various digestive ferments in order to read a stool picture correctly. For example: The finding of large amounts of fat in the stool may or may not indicate that "fat digestion" is progressing abnormally. The stool picture may deceive us as regards the "fat splitting" properties of the juices of the upper part of the small intestine, for such digestion may not have taken place because of a lack of sufficient time and not because of an absence of "fat splitting" juices. If a specimen of duodenal secretions will take care of an Einhorn olive-oil tube, and yet we find an excess of oil droplets in the patient's stool, there is but one conclusion, as a rule, to draw.

The following tests can readily be performed and shed valuable light on the qualitative properties of duodenal secretions. For quantitative tests Einhorn has devised an improvement on the old Mett's method. He has incorporated olive oil, starch and hemaglobin with agar-agar, in small tubes, the ends of which are sealed with wax until ready for immersion in the fluids to be tested.[6]

Tests for Steapsin, Trypsin, Amylopsin, Bile and Blood.

*Steapsin.*—Take one drop of milk, two of water and three of duodenal contents. (In all experiments neutralize the contents if acid.) Add a small piece of blue litmus agar, in a test tube, and keep at blood temperature 30 minutes. If steapsin is present the litmus agar will turn red.

*Trypsin.*—Place a small piece of the hard boiled white of an egg in a few c.c. of the content. Keep at body temperature for several hours. If trypsin is present the egg white will disappear.

*Amylopsin.*—Use a boiled starch solution or starch paper. Keep at blood temperature for an hour. Add a few drops of iodine solution. If dextrin is present the resulting color is blue. If erythrodextrin is present it will be red.

*Bile.*—Add a few drops of fuming nitric acid to a c.c. of the contents. Note if Gmelin's reaction occurs. With sufficient bile the juice turns green.

*Blood.*—Neutralize the contents and use either the Guiac or Heyndine test.

But even these simple tests require time which the busy practitioner can seldom spare. The Einhorn agar-agar tube quantitative experiments are truly laboratory procedures, and although the object of this paper is to call attention to the more practical use of the tube, it would be very incomplete without some reference to such laboratory procedures. Zeisler sums up well when he

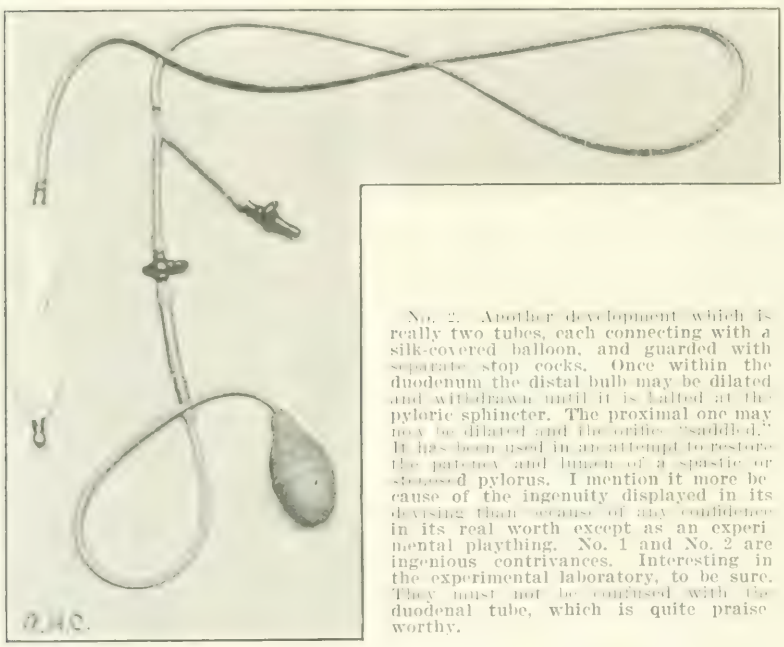
states that we are living in a period today when the laboratory has become indispensable to us in our work, but we should not use it in the pursuit of facts; we should not forget that, after all, the laboratory should be our aid, our assistant, not to say our master, and not our servant. We must guard against the danger of neglecting clinical knowledge in favor of laboratory methods. The two must work together if we are to perform our work satisfactorily."

Unless the clinician is well trained in the laboratory methods he had far better keep away from the laboratory and rest content with the reports handed to him. Otherwise he may draw faulty

## Other Uses of the Tube.

Let us now turn to the uses of the tube which will be of interest to the general practitioner. Granting that he does not wish to use the duodenal tube as an aid to the diagnosis of disease, its value in the treatment of many commonly met with conditions will surely appeal to him. If it is an aid in diagnosis, it is doubly valuable in the treatment of disease.

With it we are able to penetrate into the duodenum, and to sidetrack any inflammed or ulcerated areas which may exist either in the oesophagus, at the cardiac orifice of the stomach, in the stomach itself or in the pylorus and duo-




No. 2. Another development which is really two tubes, each connecting with a silk-covered balloon, and guarded with separate stop cocks. Once within the duodenum the distal bulb may be dilated and withdrawn until it is halted at the pyloric sphincter. The proximal one may now be dilated and the orifice "saddled." It has been used in an attempt to restore the patency and lumen of a spastic or stenosed pylorus. I mention it more because of the ingenuity displayed in its devising than because of any confidence in its real worth except as an experimental plaything. No. 1 and No. 2 are ingenious contrivances. Interesting in the experimental laboratory, to be sure. They must not be confused with the duodenal tube, which is quite praiseworthy.

conclusions from his experimentation, or worse yet, develop into one of those pitiable objects, *the laboratory fool*, who having limited knowledge, imagines himself able, or pretends to be able, to diagnose a pancreatitis or a duodenitis from a few drops of blood or a bit of mucus-laden feces.

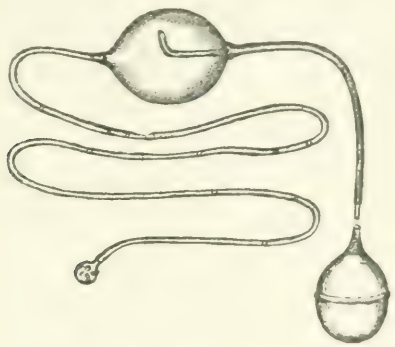
In metabolic studies the mechanics of digestion must be thoroughly comprehended. Among other important points to be considered is that of the presence of the digestive enzymes and the rate of progress through the various anatomical divisions of the tract, and not alone the time consumed by charcoal or carmine in making the journey from the mouth to the anus. When the aeroplane has fallen a wreck to the ground is a bad time to attempt to study what transpired during the flight.

denum. Food and therapeutic agents can be introduced into the duodenum and distal to the diseased area. The value of the tube in the treatment of ulcer alone would warrant its existence.

*In Ulcer.*—Lenhardt, Osler, Loeb, Kemp and, in fact, all agree that rest of the part is of the greatest importance when we wish to allow the ulcerated area to heal. It matters not if we are treating "ulcer" or "ulcer disease," the patient must be nourished. Were we to attempt to supply the patient with a gastric ulcer, with sufficient calories on a milk diet alone, *we would distend the stomach and stretch the base of the ulcer. Furthermore, the introduction of food into the stomach brings about peristaltic activities and the flow of gastric juices.* Neither of these conditions make for rest or healing.

With the duodenal tube in place the most complete condition of rest we are capable of bringing about is afforded the patient. Predigested milk, egg albumin, bone marrow, olive oil, sugars and meat juices can be delivered directly into the intestines up to any amount deemed advisable. The procedure is not difficult and the results are striking. In some cases "hunger pains" disappear as if by magic. The danger of hemorrhage is greatly lessened.

*In Duodenitis.*—What is true of ulcers holds good for acute inflammatory conditions of the duodenum. The duodenitis may be a primary one or secondary to some pathological process near it. The diagnosis is not always easy. We may have symptoms which simulate gall bladder disease, ulcer of the pylorous or of the duodenum or an appendicitis. Again the condition may manifest



No. 3. The Gross Duodenal Tube.

itself as a "catarrhal jaundice." In severe cases there is at times a *spastic closure of the duodenum* with symptoms not dissimilar to a partial obstruction, and a reflex vomiting, severe, continuous and dangerous in character may be met with.

The following case, which I have reported in detail elsewhere,[8] illustrates the value of the tube in a case of obstinate vomiting. The patient was sent into the hospital to Dr. Randolph Winslow, with a diagnosis of gall-bladder trouble. She had been nursing three of her children for several weeks, suffering with typhoid fever. She had been well up to 10 days before entrance. About this time pains appeared in the upper abdomen and vomiting occurred after every meal. She said that food hurt her almost beyond endurance in going down, and that the vomited material "burned like fire" when it came up. Even water would not stay in the stomach. She was under the impression that she had typhoid also. She was practically famishing for water when brought into the hospital. All the usual efforts to check the vomiting were useless. Proctoclysis was only partially successful. She was vomiting more of a deeply bile-stained fluid than fluid ingested. Her pulse was bad. Her blood picture alarming. She was, at the end of the fifth day, practically *in extremis*, and would not have survived even an anesthetic. Operation at this time was out of the question.

On the fifth day I was called in by Dr. Winslow and requested to check the vomiting if I could. After several efforts enough bismuth was retained to demonstrate by a faint X-ray picture that there was a marked hyperperistalsis of the stomach. The study of the plates showed that there was very probably an acute condition of the duodenum, and this was judged to be secondary to gall-bladder trouble. Several Widal tests had been positive and this helped to cloud the picture. No tumor mass could be made out at this time. Hemaglobin: 65 degrees. White: 7,000. Reds: 4,000,000. Resp: 28.

Much patience was required to get the duodenal tube into the stomach and to keep it there. She vomited it almost as soon as it was introduced and complained that even the tube "burned like fire." She aided us all she could and the second day the bulb entered the duodenum. Fluids were given at once and were retained. Vomiting occurred only occasionally the next two days and ceased after the fourth. She was fed up to about 2800 calories a day. Predigested milk, olive oil, egg albumin, beef juice and so on. She "braced up" rapidly and on the sixteenth day after duodenal feeding began was in a condition which made an exploratory operation possible. Dr. Winslow opened the abdomen and removed several small stones and about 300 c.c. of pus from the gall bladder. She left the hospital four weeks later a well woman.

*Jaundice.*—In conditions where the duodenal trouble evidences itself as a "catarrhal jaundice" we are aided also by the little tube. The inflamed duodenal walls respond rapidly to lavage with mild astringent and alkaline solutions. If the walls of the tube are eroded or ulcerated we are again able to sidetrack the diseased area. Naturally the ice bag and the usual therapeutic remedies are not discarded when the tube is put into use. In my gastric ulcer cases I continue to give bismuth by mouth, and olive oil and atropine in those cases where it appears to be indicated.

*Hepatic Congestion.*—Einhorn has recently re-

ported a small series of cases where the tube was used to feed patients suffering from acute congestion of the liver. He is much impressed with the results. It appears from these results that the liver is allowed to rest to a degree. At least, that the predigested food placed distal to the pyloric region and in the papilla of Vater does not stimulate the liver to its usual activities.

*Spastic Conditions.*—Although many cases of the stomach, or of the pylorus are not primarily due to demonstrable ulcerations and may exist without erosion, it appears to be a fact that spasm is frequently often brought on during the passage of food through the predisposed spastic area. Particularly is this so with hot or cold substances. Where an ulcer is the cause of the spastic condition its size has little bearing on the degree of pain or spasticity. At least Barclay holds strongly to this view. Usually the tube can be gotten beyond the obstructing portion, and once this has been accomplished sufficient food can be delivered distal to the diseased area.

*Amebic Dysentery.*—Ipecac is considered by some to be almost a specific in amebic dysentery. It is necessary, or previous to the introduction of the duodenal tube it was necessary, to give it inclosed in capsules (salol), which were expected not to liberate the ipecac until it had reached the intestines. Such was not always the case. It occurred to Dr. Harvey Beck, while attempting to overcome the many objectionable features of the methods then in vogue, to introduce the ipecac through the duodenal tube. He reported seven cases treated in this way in 1912. With the tube ipecac can readily be introduced into the intestine, and the reports from this method are highly gratifying.

*As a Diagnostic Aid in Ulcer.*—When we are suspicious of the presence of an ulcer we can aspirate the gastric and duodenal contents and test for blood. If no blood is found in the former, but is found in the duodenal secretions, we are able to state with a fair degree of certainty that the ulcer or erosion is not in the stomach. Dr. Frank Martin has reported on three such cases, following a definite diagnosis made by me in this way during the past year. Two of these he has reported.[9]

In one of these there was no evidence of an ulcer when the abdomen had been opened. The pylorus was patent and there was no thickening. There were no adhesions.

Having found red blood several times in the duodenal contents, but not in the gastric secretions, I had no hesitancy in advising that pylorectomy and gastro-enterostomy be done. When making the circular incision an eroded area several sq. cm. in extent was exposed. Naturally the blood secured may have been due to other causes than ulceration, but in this case the quantity of the blood secured and the clinical history pointed so strongly to ulceration that I was not willing to see the abdomen closed, merely because there was no extra intestinal evidence of the condition.

*As a Stomach Tube.*—It is well known that duodenal contents are returned into the stomach if the patient retches or gags when the stomach tube is used. The alkaline duodenal juices neutralize the gastric juice when this occurs, and the analysis of the contents does not give the true gastric acidity. The introduction of the duodenal tube does not as a rule cause any discomfort, and secretions secured in this way will more often show the true percentage of acid present.

It has not been my object to enumerate all the uses to which this little instrument can be put. I have endeavored to demonstrate that it has real value not only in the diagnosis, but in the treatment of disease also.

343 Dolphin Street.


References:

[1]Hemmeter: "Duodenal Intubation." *Johns Hopkins Medical Bulletin*, April, 1895.

[2]Einhorn: "The Duodenal Tube." *New York Medical Record*, 1910.

[3]Gross: *New York Medical Record*, 1910.

[4]Conheim: "Enzymes," p. 102, 1912.

[5]Carroll: "Rate of Progress of Food Residue." *Maryland Medical Journal*, April, 1913.

[6]Einhorn: "Agar Tubes for the Estimation of Pancreatic Ferments." *New York Medical Record*, October, 1912.

[7]Zeigler: *Journal of the American Medical Association*, August, 1913.

[8]Carroll: "Report of Cases Treated with the Duodenal Tube." *Maryland Medical Journal*, October, 1913.

[9]Harvey G. Beck: *A. M. J.*, Dec., 1912. Duodenal Medication in the Treatment of Amebic Dysentery.

[10]Martin, F.: "Gastric and Duodenal Ulcers. Operative Procedures." *The Southern Medical Journal*, April, 1913.

# THE RELATION OF ROGER'S ALBUMEN REACTION TO THE PATHOLOGY OF MINERS' PNEUMOKONIOSIS.

By A. K. Mouton, M. D.
*Baltimore Medical College.*
Aire Libre, Pueblo, Mexico.

The greatest difficulty which confronts us in Mexico in all investigations in the pathology of miners' diseases is the absolute indifference of the patients towards their condition, and the consequent extreme difficulty of obtaining their co operation. Thus it is actually necessary to pay for the privilege of examining the sputum of those whose interests should induce them to facilitate work on this subject.

The problem of how to deal with the miner disabled by pneumoconiosis is becoming more and more a pressing question, especially since the introduction of compressed air drills has caused an increased amount of stone dust in the atmosphere of the mine.

The results of an examination of miners working for the Tegintlan Copper Company conducted by me in 1912 showed that of 400 Mexican miners, 270 of whom had not worked five years, 29 were affected. Of these 29, 5 had phthisis, 9 had signs of fibrous, and had had hemoptysis at one time or other, 15 had chronic inhalation bronchitis with dyspnea of incipient fibrosis. Of the 388 miners of less than 10 years under ground, only 3 were affected; of those of more than 10 years under ground, numbering 102, 26 were permanently affected. The mines in question are considered unusually healthy, and are remarkably free from dust, being very damp. A very large number of employes do not work in the dust, such as mule drivers, loaders, etc.

The question naturally presents itself as to whether any prophylactic measures can be taken to prevent the incurable condition of fibrosis. The answer to this is that every miner should be taken from his work and energetically treated at exactly the stage when the bronchial tubes are no longer able to expel the foreign particles, but before the alveolar tissue has permanently degenerated. If the patient reacts to the expectorant treatment, he may be allowed to return to work under medical supervision for a time; if he does not react, he should be advised, or, if necessary, compelled to change his occupation, before becoming a permanent burden on the state.

To determine the critical period before his patient's disease becomes incurable, the physician has hitherto been guided by the clinical symptoms and the microscopical examination of the sputum. The former must largely depend on other factors than that of the condition of the alveolar tissue with regard to the amount of irritation by stone particles. Thus in the nervous subject with a hyperesthetic condition of the bronchial mucosa, the smallest amount of dust inspired may be sufficient to produce muscular spasm of the tubes and chronic asthma. Again, a well-marked condition of bronchorrhea with copious expectoration will actually act as a preventive of fibrosis. The condition of myocardiac debility, or that of insipient arterio-sclerosis will cause dyspnea and bronchitis. The anemic facies, when unaccompanied by cachexia, may simply indicate that the patient has worked in a badly ventilated mine. The physical signs of pulmonary cavities usually show phthisis of an incurable degree. Thus the clinical signs do not enable one to arrive at any very definite conclusions.

As to the microscopical examination, the presence of stone particles in the sputum may simply show that the bronchial mucosa is reacting well to the irritation to which it is exposed; the presence of blood in the sputum may indicate simply an acute congestion, or, again, the serious condition of phthisis; while the presence of elastic tissue or tubercle bacilli invariably represents the breaking down of lung tissue, with tubercular infection superimposed, an almost invariably incurable condition.

As far as I have been able to investigate, it seems that in Roger's albumen reaction we have an exact means of discovering the stage of incipient pulmonary fibrosis.

In order to carry out this reaction it is important to follow the rules laid down by Smolianzsky in *La Semaine des Practiciens*:

(1) The patient must expectorate on waking in the morning in a perfectly clean vessel.

(2) The sputum must contain no blood, but must be coughed from the lungs, and not come from clearing the nose or throat.

(3) The analysis must be made very shortly afterwards—before fermentation.

The sputum obtained under these conditions is mixed with an equal quantity of distilled water in a test tube. A few drops of acetic acid are added to precipitate the mucin and nucleo-albumens, and the whole thoroughly stir. The mass is then filtered through filter paper. To the filtrate a drop of acetic acid is added, and the absence of cloudiness indicates that the quantity of acid is sufficient. Albumen is then tested for by the nitric acid test.

Professor Roger says (*Journal des Medecins-Praticiens de Lyon*): "The albumen test enables us to divide expectorations into two groups. Those of one do not contain albumen; they are due to a secretion more or less abundant of the bronchial mucosa, and simply refer to simple or chronic bronchitis or to emphysema; the others which contain albumen refer to a condition more profound; they must be connected with an inflammation and an exudate; they enable us to eliminate a simple bronchitis."

Of 33 cases which have consulted me for chronic cough, with or without digestive symptoms, and in which the physical signs gave nothing distinctive of the condition of the patient, and the clinical symptoms were those typical of chronic inspiration of irritant particles, the following results were obtained:

(1) Of 16 cases in which employment under ground had been less than 12 years only 1 was positive, and this one had worked the longest continuously with compressed air drills (eight years). All suffered from chronic dyspnea.

(2) Of remaining 19 cases, 2 were rejected for lack of certainty of reaction.

(3) Of remaining 17 cases, 7 were clearly positive, with an average length of service of 23 years. In one of these, digestive troubles caused the patient to consult me. The amount of stone particles did not seem to be in excess of that in class (1). All showed yellow cachectic color of complexion markedly. All had complained of chronic dyspnea lasting for years.

(4) The remaining 10 cases were negative, with an average length of service under ground of 18 years. No distinctive signs from class (3).

The conclusions drawn from this very limited number of cases are as follows:

(a) That the reaction may be expected any time after the twentieth year with any employes under ground.

(b) That it appears earlier in the case of compressed air drillmen.

(c) That it is always associated with chronic dyspneic symptoms.

(d) That it is sometimes associated with subjective dyspeptic symptoms of more urgent character than dyspneic, but always with chronic disease.

(e) That the amount of dust in the sputum is of no diagnostic significance.

---

At the annual meeting of the General Alumni Association, held at the Emerson Hotel, November 11, 1913, the following officers were elected for the ensuing year:

President—L. W. Farinholt, D.D.S.

Vice-President—W. N. Owens, Phar.G.

Recording Secretary—John Henry Skeen, LL.B.

Corresponding Secretary—Edward P. Crummer, LL.B.

Treasurer—Eugene W. Hodson, Phar.G.

EXECUTIVE COMMITTEE.

Medical—Dr. W. H. Pearce, Dr. Charles E. Sadtler.

Law—Frank V. Rhodes, Oregon Milton Dennis.

Dental—Herbert F. Gorgas, Eldridge Baskin.

Pharmacy—John B. Thomas, Sr., James N. Westcott.

St. John's—Walter I. Dawkins, E. J. W. Revell.

ADVISORY COUNCIL.

Medical—Robert L. Mitchell.
Medical—G. Lane Taneyhill.
Medical—Joseph Gichner.
Dental—George T. Feldeneyer.
Dental—Clarence J. Grieves.
Dental—Joseph G. Heuisler.
Law—David Ash.
Law—Albert C. Ritchie.
Law—Eli Frank.
Pharmacy—James A. Black.
Pharmacy—H. A. B. Dunning.
Pharmacy—David R. Millard.
Academic—William T. Kemp.
Academic—J. A. Nydegger.
Academic—Peter Blanchard.

# THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

A Monthly Journal of Medicine and Surgery

PUBLISHED BY

THE HOSPITAL BULLETIN COMPANY

608 Professional Building

BALTIMORE, MD.

Subscription price, . . . $1.00 per annum in advance

Reprints furnished at cost. Advertising rates submitted upon request

*Editors*

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, NOVEMBER 15, 1913.


## THE UNIVERSITY LIBRARY.

The confusion and loss caused by the death of Professor Cordell still continues, though we are gradually getting the library in working order. The library has been much improved in appearance by a rearrangement of its interior, the placing of new tables and chairs, and a general cleaning up. It will no longer be a medical library alone, but will house the books of the law school as well as those of the dental and pharmacy schools—in fact, it will be a University library. Mr. Samuel Want has been made chief librarian, and will have several assistants under him. The library will be open from 9 A. M. to 10 P. M., which will be a great advantage to the students of the various departments. We desire to call attention to the fact that there are many duplicates of medical books and journals that we should be pleased to sell, exchange for other books or, in many cases, give away to libraries or individuals.

## THE REGISTRATION OF 1913-14.

In our last issue it was predicted that the registration of medical students would reach 450. As a matter of fact, the list of matriculants is 473, and it might have been considerably larger, as a number of applications were refused after the closure of the books on October 16. This is the largest enrollment in the history of the school, and ensures a large attendance for several years; but the next freshman class will of necessity be much reduced in numbers, owing to the requirement of a year of college work, in addition to a four years' high school course. The other departments are also largely increased in numbers, except that of pharmacy, which is not quite up to the enrollment of last session.

## THE PATHOLOGICAL ENDOWMENT FUND.

This fund is not increasing as fast as we could wish; however, it does grow—slowly. Friends help us to raise this fund to $100,000.

CONTRIBUTIONS BY CLASSES.

| | |
|---|---|
| 1848 | $50 00 |
| 1864 | 20 00 |
| 1868 | 10 00 |
| 1871 | 35 00 |
| 1872 | 86 84 |
| 1873 | 401 83 |
| 1874 | 5 00 |
| 1875 | 5 00 |
| 1876 | 115 00 |
| 1877 | 10 00 |
| 1880 | 5 00 |
| 1881 | 255 00 |
| 1882 | 310 00 |
| 1883 | 40 00 |
| 1884 | 40 00 |
| 1885 | 235 00 |
| 1886 | 100 00 |
| 1888 | 50 00 |
| 1889 | 100 00 |
| 1890 | 200 00 |
| 1892 | 150 00 |
| 1893 | 40 00 |
| 1894 | 135 00 |
| 1895 | 155 00 |
| 1896 | 52 00 |
| 1897 | 80 00 |
| 1898 | 115 00 |
| 1899 | 55 00 |
| 1900 | 230 00 |
| 1901 | 280 00 |
| 1902 | 330 00 |
| 1903 | 575 00 |
| 1904 | 185 00 |
| 1905 | 220 00 |
| 1906 | 235 00 |
| 1907 | 120 00 |
| 1908 | 50 00 |
| 1909 | 40 00 |
| 1910 | 75 00 |

| | |
|---|---|
| 1911 Terra Mariæ | 3 50 |
| 1912 Club Latino Americano | 25 00 |
| 1913 Club Latino Americano | 50 00 |

## MEMORIAL TABLET TO DR. CORDELL

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, $25.
Dr. Nathan Winslow, $10.
Dr. D. W. Cathell, $10.
Dr. Eugene Kerr, $10.
Dr. Randolph Winslow, $10.
Mrs. Randolph Winslow, $5.
Dr. Hiram Woods, $10.
Dr. J. W. Holland, $10.
Dr. J. Mason Hundley, $10.
Mrs. Nathan Winslow, $1.
Dr. Joseph E. Gichner, $1.
Dr. Ernest Zueblin, $5.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

We wish to take this opportunity to announce that in the future no receipts for subscriptions to the HOSPITAL BULLETIN will be sent, unless specially requested, the endorsement on the back of the check acting as a receipt.

## ITEMS

At the annual meeting of the Woman's Auxiliary Board of the University Hospital, held Friday, November 7, 1913, in the University Hospital, the following officers were elected for the ensuing year:

President—Mrs. Hamilton Easter.

Assistant to the President—Mrs. William H. Matthai.

Vice-Presidents—Mrs. Samuel C. Chew, Mrs. Joseph T. Smith, Mrs. William T. Howard, Mrs. John T. King, Miss Josephine Livezey, Mrs. Randolph Winslow, Mrs. Franklin Levering, Mrs. Alexander G. Carey, Mrs. H. M. Towles, Mrs. L. H. Fehsenfeld, Mrs. L. B. Purnell, Mrs. L. Ernest Neals.

Treasurer—Mrs. Nathan Winslow.

Secretary—Mrs. Frederick Tyson.

Corresponding Secretary—Miss Lucy Marshall.

Assistant Secretary—Miss Florence Stieff.

---

At the semi-annual meeting of the Medical and Chirurgical Faculty of Maryland, held in Hagerstown, October 21 and 22, Dr. Albert Hynson Carroll, class of 1907, associate in gastro-enterology and assistant gastro-enterologist to the University Hospital, and the new editor of "Old Maryland," read a paper entitled "The Duodenal Tube: A Brief Discussion Regarding Its Uses and Value," which is published in another part of the BULLETIN.

---

Dr. Henry W. Kennard, class of 1899, of 1014 Cathedral street, this city, who has been connected with the Maryland National Guard for several years, has been appointed by President Wilson as a first lieutenant in the Medical Reserve Corps, United States Army.

Dr. Kennard enlisted as a volunteer in the Spanish-American War, and later served as a member of the Hospital Corps in the regular service. Then he was commissioned first lieutenant of Company A, Medical Corps, Maryland National Guard.

He resigned to accept a position at the Maryland Asylum and Training School for Feeble Minded, Owings Mills. Dr. Kennard gave up this position recently and took an examination for a commission in the Medical Reserve Corps of the army, passing with a high average.

THE HOSPITAL BULLETIN desires to extend to Dr. Kennard its hearty congratulations.

---

Surgeon-General Herbert Harlan, class of 1879, a member of Governor Goldsborough's staff, of 516 Cathedral street, who recently left Baltimore for Knott county, Kentucky, where he made a special investigation for the United States Public Health Service in the county, of trachoma, has returned to Baltimore. Dr. Harlan was named a special expert by Secretary of the Interior Franklin K. Lane. It took just 11 days to make the trip, a report of which he has filed with Surgeon-General Rupert Blue, class of 1892. The principal reason for sending Dr. Harlan to Kentucky was to show the surgeons in that part of the country how best to perform operations for trachoma, the disease having gotten much headway and the surgeons being unable to cope with it. While there Dr. Harlan had several very amusing experiences, one of which he tells as follows:

"The case of a boy who was brought to me one day was very amusing. The little fellow came about 15 miles to be treated. His mother came into the hospital with him and he was assured that he would not be harmed; that we would send him home in a few minutes, and that he would not be frightened. The mother heard what we said and consented to have the boy go in the operating-room. Up to that point he had not said a word. The mother sat in the hallway. As all the persons in the operating-room, except the boy, had to go out just as the operation was to begin, the boy saw his opportunity and slid out the window, running away through the town at a great rate. He was brought back by his mother, however, and one of the nurses, whom he liked, persuaded him to submit to an examination. Then we had no more trouble with him."

---

The Latin American Club held its annual meeting at the local branch of the Young Men's Christian Association Sunday, October 19, 1913. The attendance was large, and a spirit of enthusiasm prevailed. The old members of the club extended a cordial welcome to the new Latin-American students, especially to those from the Baltimore Medical College. Without doubt, the club this year will be stronger than ever. Officers for the ensuing year were elected as follows:

President, Antonio Balart; vice president, S. A. Curet; treasurer, Vincent Roca; historian, Alberto Portuondo; sergeant-at-arms, J. L. Rodriguez. The next meeting was held Sunday, October 26, at the same place, at which 50 new members joined the club. The aim of the Latin-American Club in past years has been the bettering of the scholastic standing of the Latin-American student, and the club this year expects to carry out the same program, but more fully. The Hospital Bulletin extends its kindest wishes to our Latin-American students, and wishes them a most successful and prosperous year.

---

Dr. Leo J. Goldbach, class of 1905, and Mrs. Goldbach, of this city, who were married October 9, have returned from their tour of the West Indies including Kingston and Panama. While at Kingston they were the guests of Bishop Collins.

---

Miss Augusta Cassandra Russell, University Hospital Training School for Nurses, class of 1908, is located at 234 W. 4th street, Jacksonville, Fla.

---

Dr. Charles O'Donovan, class of 1881, of 5 E. Read street, addressed the Columbus Day banquet held October 13 in Sts. Peter and Paul's Hall, Cumberland, Md., under the auspices of the Grand Knights of Columbus.

---

Dr. St. Clair Spruill, class of 1890, was the victim of a bold robbery recently, when a man representing himself as a painter entered his home, 918 Cleveland street, and stole jewelry valued at $200.

---

As the editors of *Old Maryland* have been unable to get a complete mail roll of the subscribers thereto they would appreciate it if all those who do not receive a copy of the November issue would send in their names and addresses to No. 408 Professional Building, Baltimore, Md.

---

Dr. Anton G. Rytina, class of 1905, writes he has been in correspondence with a number of his classmates concerning the possibility of getting them interested in a reunion upon the occasion of their tenth anniversary. Heretofore such class reunions have proven very successful, as well as pleasurable. They afford opportunity for classmates, who in many instances have not seen each other for years, to renew their university day ties. The Bulletin would suggest that besides the reunion banquet, special clinics be given for the benefit of those attending. In this wise the reunion would serve both a useful and social purpose by affording those who have been unable heretofore to get away from their work a chance to brush up generally, besides, undoubtedly, a much-needed relaxation. The Bulletin would like to hear from any member of the class of 1905 regarding his opinion concerning the reunion; also whether he proposes to attend. Appended is a list of the class.

Elmer Hall Adkins, Rosemary, N. C.

Julian Warrington Ashby, Hugheston, W. Va.

Samuel Luther Bare, Westminster, Md.

Robert Parke Bay, 1701 Guilford avenue, Baltimore, Md.

Chandos M. Benner, Taneytown, Md.

James Show Billingslea, Armiger, Md.

Alvah Parrish Bohannon, James Walker Memorial Hospital, Wilmington, N. C.

Baird U. Brooks, West Durham, N. C.

Frank Burden, Paw Paw, W. Va.

Ira Burns, Cumberland, Md.

Roscoe C. Carnall, Waverly Mills, S. C.

John Joseph Carroll, 120 Chestnut street, Holyoke, Mass.

Edward Lawrence Casey, Woodstock, N. H.

Sydenham Rush Clarke, 423 Hawthorn road, Roland Park Md.

Edward V. Copeland, Round Hill, Va.

Arthur Bascom Croom, Maxton, N. C.

Charles Callery Croushore, 108 West 2d street, Greensburg, Pa.

Frederick De Sales Chappelier, Lewes, Del.

Seth De Blois, Newport, R. I.

David Alphonse De Vanny, 132 East 61st street, New York, N. Y.

Alpheus Wood Disosway, Plymouth, N. H.

Manuel Dueno, Anasco, Mayaguez, Porto Rico.

James Eugene Dwyer, Polk, Pa.

John Martin Elderdice, Mardela Springs, Md.

Oliver Justin Ellis, South Royalton, Vt.

Harry Moore Felton, 109 Climax street, Pittsburgh, Pa.

Edwin Ferebee Fenner, Henderson, W. Va.

William Henry Fisher, Centreville, Md.

John Shaw Gibson, Gibson, N. C.

Milton R. Gibson, Maxton, N. C.

Leo J. Goldbach, 2217 East Pratt street, Baltimore, Md.

Archibald Wright Graham, Chisholm, Minn.

Vance W. Graham, Bamberg, S. C.

William W. Hala, New York, N. Y.

Samuel William Hammond, Lambert's Point, Norfolk, Va.

George B. Harrison, Colonial Beach, Va.

Henry Hiram Hodgin, Red Springs, N. C.

Henry C. Houck, S. W. Cor. Appleton street and North avenue, Baltimore, Md.

Hamner Carson Irvin, Jr., Roanoke Rapids, N. C.

Brooke I. Jamison, Jr., Emmitsburg, Md.

Francis W. Janney, 327 North Charles street, Baltimore, Md.

Harry Aquilla Jenkins, Assistant Surgeon, U. S. N., now on board U. S. S. Montana.

Oswald Ottmar Kafer, Newbern, N. C.

Nagib Kenawy, 11 Boulevard de Ramleh, Alexandria, Egypt.

Eugene Kerr, Monkton, Md.

Herbert L. Kneisley, Hagerstown, Md.

William A. Knell, Augusta avenue and Frederick road, Irvington.

Kalil Magib Koury.

Edgar Brown Le Fevre, Inwood, W. Va.

Julius Levin; died in Johnstown, Pa., February 12, 1912.

George William Mahle; died in Baltimore, Md., February 20, 1911.

James P. Matheson, Charlotte, N. C.

James G. Matthews, Paulsen Building, Spokane, Wash.

George Skinner McCarty, Sandersville, Ga.

Harry Downman McCarty, 613 Park avenue, Baltimore, Md.

John P. McGuire, Clarksburg, W. Va.

William Cuthbert McGuire, Huntington, W. Va.

Roscoe Conkling Metzel, 1824 West North avenue, Baltimore, Md.

Harold Edson Miner, 51 Maple street, Holyoke, Mass.

Robert Levis Mitchell, 2112 Maryland avenue, Baltimore, Md.

William Morris Mitchell, 80 Kennedy street, Bradford, Pa.

John Albert Nice, Mt. Airy, Md.

Oscar S. Owens, Manchester, Va.

John W. Parker, Jr., Williamston, S. C.

W. Arlett Parvis, Acting Assistant Surgeon, U. S. A.; at present at Sorocco, N. M.

John William Pierson, 2806 East Baltimore street, Baltimore, Md.

Daniel E. Remsburg, Cressona, Pa.

Samuel T. R. Revell, Louisville, Ga.

William James Riddick, Assistant Surgeon, U. S. N.; at present at Naval Station, Guantanamo, Cuba.

William Wordsworth Riha, Danvers Hospital for Insane, Danvers, Mass.

John L. Riley, Pocomoke City, Md.

John Edgar Rooks, Haughton, La.

Anton George Rytina, 2204 East Monument street, Baltimore, Md.

Edgar McQueen Salley, Saluda, N. C.

Albert Leigh Sanders, 1113 North Gilmor street, Baltimore, Md.

Stuart Baskin Sherard, Gaffney, S. C.

John Holmes Smith, Jr., U. S. P. S., Ellis Island, New York.

W. Henry Smithson, Jr., New Park, Pa.

James Albert Stone, Shallotte, N. C.

Benjamin Franklin Tefft, Jr., Anthony, R. I.

William E. Ellicott Tyson, 2609 East Jefferson street, Detroit, Mich.

Frederick J. Wass, 136 East Duvall street, Jacksonville, Fla.

William Benjamin Warthen, Davisboro, Ga.

---

The beginning of the present term of the University of Maryland is the one hundredth anniversary of the founding of the library by Dr. John Crawford. The library now contains 11,000 volumes, among them some rare editions, especially those bequeathed by Dr. Crawford, who was probably the first physician to arrive at any remarkable results with regard to the conveyance of contagious diseases by mosquitoes.

---

Dr. Robert Tunstall Taylor, professor of orthopedic surgery, and Mrs. Taylor shortly motored to Narragansett Pier, R. I. They stopped at the Gladstone, and later went to York Harbor, Maine. They returned home the middle of September.

---

The annual report of the library of the department of medicine of the University of Maryland for the fiscal year shows that the library had on June 1, 1913, 11,655 bound volumes, and since that date the collection of the Baltimore Medical

College, amounting to about 1000 volumes, has been added.

Dr. John D. Legge, class of 1891, of 28 McCleans street, Cumberland, Md., sailed recently for Europe, where he will spend the remainder of the summer, returning to his home in the fall.

Dr. William Gerard, Jr., Baltimore Medical College, '04, associate professor of materia medica, University of Maryland, at 1013 Madison avenue, who has been spending some time at Atlantic City, has returned to his home.

Dr. W. Clement Claude, Major, Medical Corps, Maryland National Guard, class of 1875, of Annapolis, Md., was among those who attended the laying of the corner-stone of Company M's new $30,000 armory at Frederick, Md., August 13, 1913. Governor Goldsborough was the orator of the day.

Dr. James M. Hepbron, Jr., M. C., class of 1903, of 1123 Columbus avenue, attended the Fourth International Congress on School Hygiene, held at Buffalo, N. Y., the last week in August.

Dr. Guy P. Gamble, Jr., class of 1887, Biddle street, near Charles, left recently to join his family who are at Biddle Pool, Maine.

Dr. Frank Martin, class of 1886, of 1000 Cathedral street, who has been spending some time at York Harbor and motoring through the North, has returned to his home.

Dr. Bert J. Asper, class of 1911, a member of the medical staff of the Sheppard and Enoch Pratt Hospital, is spending his vacation at his home in Chambersburg, Pa.

Dr. Edgar R. Strobel, associate professor of dermatology, and family, of Roland Park, have returned from a three weeks' visit to York Harbor, Maine.

Dr. A. F. Robinson, class of 1903, of 141 E. North avenue, has been making an extended trip North, part of which time was spent at Ogunquit, Maine.

Dr. John Whitridge Williams, class of 1888, of 1128 Cathedral street, has been spending some time in Canada and Rhode Island.

Dr. E. E. Brun, class of 1903, of 901 Phillips avenue, Toledo, Ohio, has been making an extended tour of the Eastern cities and hospitals. He spent about three weeks in Boston at the hospitals in connection with the Harvard medical school, where he saw some very interesting work by some of the leading surgeons. He also visited New York, Washington and Baltimore. While in the city he visited his Alma Mater, where he was heartily welcomed by a number of his old friends.

Dr. W. M. Carmine, class of 1907, has been spending some time on the Eastern Shore, Md.

Dr. H. E. Peterman, Baltimore Medical College, class of 1895, of 2831 St. Paul street, has been spending some time at Cherry Tree, Pa., and Atlantic City, N. J.

Dr. G. Marshall Smith, class of 1887, of 1009 Madison avenue, spent the month of August at Chatauqua, N. Y.

Dr. J. Carroll Monmonier, class of 1897, who has been traveling in the northern part of New York State, has returned to his home on Edmondson avenue, Catonsville.

Dr. Gordon Wilson, professor of clinical medicine, who has been occupying a cottage in the Green Spring Valley, left recently for North Hatley, Canada, to be gone several weeks.

Dr. H. D. McCarty, class of 1905, of 27 W. Preston street, has been visiting friends at Beach Bluff, Mass.

Dr. Joseph W. Holland, class of 1896, of 1624 Linden avenue, is resigtered at Hotel Sparhawk, Ogunquit, Maine.

Dr. T. Marshall West, class of 1908, of Fayetteville, N. C., has been visiting friends in the city.

Dr. John Rawson Pennington, class of 1887, of 4620 Kenmore avenue, Chicago, Ill., is a member of the Executive Committee of the American Proctologic Society, which held its last meeting at Minneapolis, Minn., June 16 and 17, 1913.

Dr. Thomas H. Buckler, class of 1888, of Evergreen, who has been spending some time in Europe, recently motored through the south of France.

Dr. Benjamin Newhouse, class of 1912, announces the opening of his office, 1136 6th street N. W., Washington, D. C. Dr. Newhouse recently resigned as resident physician at the Emergency Hospital, Washington, where he has been for the past year. His excellent work at the hospital has attracted much attention, and we wish him every success in his private practice.

Prof. Randolph Winslow is in receipt of the following letter from Dr. Josiah S. Bowen, class of 1903, of Mt. Washington, Md.:

"Mt. Washington,
"Baltimore County, Md., Sept. 1, 1913.

*"My Dear Dr. Winslow:*

"It is with great sadness that I learn of the death of our dear old friend, Dr. Cordell.

"Dr. Cordell was a gentleman of whom too much cannot be said in a laudatory manner. He will be greatly missed by those who knew him.

"A memorial of some kind should be started in our State Faculty to Dr. Cordell, and as you are the president-elect, I take the liberty to write to you and suggest that the memorial should take the form of a museum of medical and surgical appliances.

"Cases could in time be provided. The gifts, I feel, should bear a card giving the name of the donor.

"Should such a collection be started, I should like to be enrolled as No. 1, and will give the following: A cupping set, vaporizer (steam), tourniquet, vectus, obstetrical forceps, spring lance, vaginal speculum, and perhaps others; also two wire N. R. Smith anterior splints.

"Trusting that you will consider this favorably, I beg to remain,

"Very truly yours,
"J. S. BOWEN."

Dr. Roscoe C. Metzel, class of 1905, of 1903 W. North avenue, has named his son, born in May, William Hines Metzel.

Dr. Ernest Zueblin, professor of medicine, of 807 St. Paul street, is making an extended trip North. The last we heard of him he was in Montreal, Canada.

Dr. August Horn, class of 1888, and Mrs. Horn spent several days as the guests of the purser on the Choptank River steamer "Talbot."

Dr. Charles Wellman Mitchell, class of 1881, and Dr. St. Clair Spruill, class of 1890, spent the month of August at the bungalow of Dr. Spruill on the Magothy River.

Dr. C. Urban Smith, class of 1889, has returned from Eaglesmere, Pa.

Dr. Walter Harry O'Neal, class of 1871, is located at 256 Baltimore street, Gettysburg, Pa.

Dr. William Baltzell Burch, class of 1890, who practices in Baltimore and has a country home at Piney Point, on the Potomac River, finds that he can make the trip to the city in an automobile in much less time than by steamboat. It takes about six hours to motor in and 24 to come by boat, making a difference of 18 hours.

Dr. John McMullen, class of 1874, of Baltimore, Md., Surgeon, U. S. P. H. S., has been directed to rejoin his station at Baltimore, stopping at the bureau en route, where he will act as recorder to the board of medical officers convened [illegible] October 2, 1913.

Among the recent visitors to the Hospital were Dr. Leonce L. Kosminsky, class of 1909, of Texarkana, Ark.; Dr. Jacob Wheeler Bird, class of

1907, of Sandy Springs, Md., and Dr. Henderson Irwin, class of 1912, of North Carolina.

---

Dr. J. C. Hemmeter, class of 1885, who has been attending the International Congress of Physiology in Holland, writes as follows:

Le Internationaler Physiologen Kongress,
Groningen, 2 to September, 1913
September 4.

"My Dear Dr. Hayden:—

"Through the medium of THE HOSPITAL BULLETIN, I desire to bring before the teachers and alumni a small part of the nature of my work here. It is the greatest International Congress of Physiology that has ever taken place, and the new laboratory for physiology is the most complete in the world, not even barring the Rockefeller Institute, the Pasteur Institute at Paris, and the Imperial Academy for (experimental) Military Medicine at St. Petersburg, of which Pawlow is director. I conjecture that the Holland Government may itself compelled to erect this vast and beautifully equipped physiological laboratory because many Hollandish students sought foreign laboratories for their studies. There are provisions for operations on any kind of obtainable animal—from the size of a horse to that of microscopic forms. The 'Salle des Operation' is 30 feet high—40x30 in dimension, the roof of glass and iron, four projection apparati, two cinematographs, three smaller operating rooms, and an operating amphitheater, a splendid library and a workshop for construction of new instruments.

"In view of the absence of appreciation which has been so manifest at the University of Maryland for my work, I cannot repress the statement that on the second day I presided over the largest meeting, and it fell to me to direct and control the reading of papers and their discussion, which were presented in four different languages. I was on my mettle, and the meeting was conducted to the satisfaction of the French and German members. Later they desired me again, when Professor Gley became exhausted from the strain of thinking in so many languages. My two papers were the first on the program, because the president of the first day said that I was able to answer a discussion in any of the official languages of the congress. He was desirous of starting off well. Hopkins and Harvard men are here, but none have thus far been invited to act the role of the president for any meeting.

"At a special large evening dinner party given by Prof. J. Hamberger to the president of the congress I met the following distinguished physiologists, all men who are distinguished for their epoch-making contributions to physiology: Professors Rubner, Berlin; Abderhalden, Halle; Pekelharing, Utrecht; Pawlow, St. Petersburg, Russia; Sherrington, Liverpool; Bayliss, London; Starling, London; Langley, Cambridge; Waller, London; Le Duc, Nantes; Richet, Paris; A. Sarmojloff, Kasan, Russia; Herliska, Turin, Italy; Fano, Turin, Italy, and their ladies.

"Yours very truly,

"JOHN C. HEMMETER."

---

We are in receipt of the following letter from Dr. Leonidas W. Cobun, Baltimore Medical College, class of 1898, of 220 High street, Morgantown, W. Va.:

MORGANTOWN, W. VA., Aug. 19, 1913.

*University of Maryland, Baltimore, Md.:*

GENTLEMEN—Upon receiving your announcement for 1913-14, I am reminded of the fact that all graduates of the Baltimore Medical College are eligible for membership in the General Alumni Association of the University of Maryland. What steps are necessary for such membership? I think the consolidation a very wise one, and will continue to send men to your college, and use all my influence in your behalf. Awaiting an early reply, I am very truly,

L. W. COBUN.

---

Dr. B. Merrill Hopkinson, class of 1885, and Mrs. Hopkinson have returned to their home, 205 Woodlawn road, Roland Park, after several weeks' stay at Prout's Neck, Maine.

---

Dr. Russell H. Dean, Jr., class of 1912, of Jacksonville, Fla., was a recent visitor to the Hospital, where he saw a number of his old friends.

---

Dr. Alvah Parrish Bohannon, class of 1905, is a patient at the James Walker Memorial Hospital, Wilmington, N. C., where he underwent a recent operation. He has our best wishes for a speedy recovery.

Among the Maryland National Guard officers who attended the twenty-second annual convention of the Association of Military Surgeons of the United States at Denver, Colo., last month were Major Robert P. Bay, chief surgeon, First Brigade, class of 1905, and Major J. Harry Ullrich, surgeon attached to the Fourth Infantry, Baltimore Medical College, class of 1897.

Dr. J. Burch Joyce, class of 1884, and Mrs. Joyce, of West North avenue, who spent part of the summer in the White Mountains, N. H., have returned to their home.

Dr. Henry B. Thomas, class of 1888, of 1007 Cathedral street, who, with Mrs. Thomas, spent the season at their cottage at Blue Ridge Summit, Pa., have returned to their town residence.

Dr. Randolph Winslow of 1900 Mt. Royal Terrace is in receipt of the following letter from Dr. J. M. Buch, class of 1913, which we think will be of interest to our readers:

"Havana, June 30, 1913.

"Prof. Randolph Winslow,
Baltimore.

"Dear Dr. Winslow—It was with the greatest sorrow that I left Baltimore without being able to bid you good-by, but I looked for you at the Dean's office and did not see you, all of which I hope you will overlook.

"Since I reached this city I have been engaged in preparing and taking the necessary steps in order to get the Havana board off, and I feel very satisfied to say that I passed it with very much success. I had very kind words that I do not merit addressed to me by the professors that had in charge the revision of my exercises—a fact that rejoices me very much, not from my own standpoint, but from the standpoint of the University that conferred upon me the honor of my life, and one that I never would have gotten either in my own or in any other country.

"I hope you take these words with the same meaning that I write them to you, and then you will have a true translation of my feelings toward the University.

"As I write you this letter I feel that it is only a duty that has taken me very long to fulfill, and considering how much you value your time I do not demand an answer to it.

"Begging you to convey my very best wishes and regards to the faculty as well as to Drs. Nathan and Fitz Winslow, I remain

"Most sincerely yours,

"J. M. Buch.

"Definite address, Sagarra alta No. 43, Santiago, Cuba."

Dr. Gideon McD. Van Poole, class of 1897, Major, M. C., U. S. A., of Fort Sheridan, Ill., has been relieved from duty at Fort Washington, Md., and will take the transport for Honolulu, H. T., January 5, 1914, for duty.

Among other recent visitors to the University Hospital were Drs. James Hugh Bay, class of 1908 of Havre de Grace, Md., and Hrry Arthur Cantwell, class of 1906, of North East, Md.

Kappa Phi Fraternity had their smoker on Saturday evening, October 18. It was thoroughly enjoyed by all who attended. Among the many guests were Drs. Carroll, Owensby, Byrnes, Walker, Scott Rauschenbach, Stem, Glover and Neely.

The Randolph Winslow Surgical Society held its first meeting of the year at Davidge Hall on Wednesday, the 15th, and elected the following officers for the ensuing year: R. B. Norment, Jr., president; W. S. Walsh, vice-president; A. V. Mordecai, secretary; R. L. Johnson, treasurer, and P. P. Vinson, historian. The society expects quite a pleasant and profitable year under the guidance of the above-mentioned officers, and gives promise of being quite an important factor in the undergraduate department.

Dr. Thomas C. Gilchrist, professor of dermatology, and Mrs. Gilchrist, who have been motoring in England, their former home, have returned to The Grange, their residence at Roland Park. In London Dr. Gilchrist attended the International Medical Congress and the garden party given by the King to the delegates.

Dr. Thomas H. Buckler, class of 1888, who, with his family, have been motoring through Europe, has returned home.

Dr. Thomas J. Coonan, class of 1891, of Westminster, Md., has been elected chairman and treasurer of the Democratic State Central Committee.

Dr. Harry Adler, class of 1895, professor of therapeutics and clinical medicine, of 1218 Linden Place, who has been spending some time abroad, has returned to his home.

Dr. Nathan Ryan Smith, class of 1881, of 211 W. Madison street, who has been motoring in the North, has returned to his country home in the Green Spring Valley.

Dr. Marshall B. West, class of 1881, who has been spending some time at Lenox, Mass., has returned to his home in Baltimore.

Dr. Albert Hynson Carroll, class of 1907, of the Ashby Apartments, who was recently confined to the Maryland University Hospital, has sufficiently recovered to resume his practice.

## BIRTHS

To Harry Arthur Cantwell, class of 1906, of North East, Md., and Mrs. Cantwell, June 9, 1913, a son—John Arthur Cantwell.

Recently, to Dr. Howard J. Maldeis, class of 1913, and Mrs. Maldeis of Kate avenue, near Reisterstown road, this city, a son.

## MARRIAGES

Dr. Hyman R. Wiener, class of 1912, of Harrisburg, Pa., to Miss Belle Fried of Baltimore, Md., at Washington, D. C., October 23, 1913. Following a wedding trip through the Carolinas, Georgia and Florida, Dr. and Mrs. Wiener will reside at 300 N. 2d street, Harrisburg, where the groom is practicing medicine. Dr. Wiener was formerly clinical assistant at the Maryland University Hospital, and later became resident physician of the Harrisburg Hospital.

Dr. FitzRandolph Winslow, class of 1906, of Baraboo, Wis., to Miss Florence I. Reese of Baltimore, Md., at Baraboo, October 1, 1913. Dr. Winslow is a son of Prof. Randolph Winslow, and was formerly resident surgeon in the University Hospital. He recently moved to Baraboo, where he is engaged in the practice of surgery.

Dr. Michael J. McDermott, class of 1910, at Waterbury, Conn., to Miss Edna M. Cowan of Baltimore, Md., at Baltimore, October 15, 1913. After a wedding trip, Dr. and Mrs. McDermott will reside in Midling, Md., where the groom is practicing his profession.

Dr. Ferdinand J. S. Gorgas, Baltimore College of Dental Surgery, '55, Maryland University Medical School, '61, formerly dean of the dental department of the University of Maryland, where he is still professor emeritus, of 508 N. Carey street, this city, to Miss Sarah B. Schwartz of Harrisburg, Pa., at Baltimore, September 29, 1913.

## DEATHS

Dr. George Washington Truitt, class of 1889, of Carsonburg, Md., died at his home September 4, 1913, from disease of the stomach, aged 49 years.

Mrs. Anna Coates Martin, wife of Dr. Frank Martin, class of 1886, Professor of Operative and Clinical Surgery, of 1000 Cathedral street, this city, died November 6, 1913, of heart trouble in her apartments at the Hotel Dennis, Atlantic City, where she had been staying about two weeks.

Mrs. Martin was born in Baltimore in the house now occupied by Dr. Martin. She was a daughter of the late Richard Coates, a Quaker of prominence, whose family founded the city of Coatesville, Pa., many years ago. She was married to Dr. Martin 17 years ago, the wedding being a notable social event. She was a charming hostess of marked beauty, and was one of Baltimore's most popular society women, taking great interest in the social life of the city, of which she was a leader. Mrs. Martin was one of the vice-presidents of the Woman's Auxiliary Board of the University Hospital, in which she took a prominent part, and was always interested in the welfare of the hospital. The HOSPITAL BULLETIN, in behalf of its readers, extends to Dr. Martin its sincerest sympathy.

# Fellows_Syrupus Hypophosphitum

**Quadraginta per annos et a medicis et ab aegris orbis terrarum totius probatus**

**Compositio sui generis neque imitabilis**

*Reject* < **Cheap and Inefficient Substitutes**
**Preparations "Just as Good"**

## Fighting Pneumonia to a Successful "Finish"

demands the utmost strategy of the doctor; the unremitting care of the nurse; and a prompt, liberal, systematic use of

**Antiphlogistine**
TRADE MARK

Without forgetting, for a moment, the bacterial, or "first" cause of Pneumonia—***the present condition*** which we must combat, is deep-seated congestion, impeded circulation of the blood, and rapid development of inflammatory exudate and tissue debris—adding bacterial poison to mechanical obstruction.

***The "Why" and "How" of Antiphlogistine in Pneumonia,*** is the newest booklet we have had prepared for Physicians and Nurses, and will be sent freely on request from any member of either profession.

Antiphlogistine is prescribed by Physicians and supplied by Druggists all over the world.

***"There's Only ONE Antiphlogistine"***

THE DENVER CHEMICAL MFG. CO., - - NEW YORK, U. S. A.

# Resinol Stops Itching

THE one feature of RESINOL (ungt. Resinol) which appeals most strongly to every physician is the speed and certainty with which it controls itching. Whether that condition arises from some eczematous affection, herpes, erythema, pruritus (especially pruritus ani or vulvæ), or piles, it can be promptly stopped by the application of Resinol. With itching and the consequent scratching eliminated, a successful treatment by Resinol can almost always be relied on, even in the most stubborn cases.

Resinol should not be confused with the numerous formulas and proprietary products sometimes suggested in its stead. Its unvarying quality and the success which has attended its use by physicians, for over eighteen years, are sufficient to warrant insisting on having *Resinol* itself.

Resinol Soap, being an absolutely pure soap, containing the same emollient, antiseptic medication as Resinol, is often of marked assistance in dermatological and other cases, even where ordinary soaps are distinctly contra-indicated.

We should be glad to send you samples of these preparations, also a miniature Resinol Shaving Stick.

**RESINOL CHEMICAL CO.**
**BALTIMORE, MD.**

## Lefranc & Ault

*Collars*

*Lion Brand*
*Arrow Brand*
*Earl & Wilson*
*Red Man Brand*
In ¼ Sizes

SHIRT SHOP
421 North Howard Street at Franklin

## SCHUSTER & CO.

MANUFACTURERS OF THE

***National Felt Mattress***

Does Not Pack, Nor Get Hard, Highest Grade, Most Comfortable and Economical Mattress Made

**Brass Beds** { Best Qualities and Designs at } **Lowest Prices**

Enameled Iron Beds, Washstands, Etc., Greatly Used in Furnishing Country Homes

SPRING BEDS, COTS AND COUCHES
FEATHER PILLOWS AND SILK FLOSS CUSHIONS

WE RENOVATE HAIR MATTRESSES, FEATHER PILLOWS AND DOWN COMFORTS IN BEST MANNER

**414 N. Howard St. BALTIMORE, MD.**
Near Franklin St.

MEDICAL and STANDARD BOOKS

BOUGHT, SOLD

AND EXCHANGED

## Pippen's Book Store

605 North Eutaw Street

BETWEEN MONUMENT AND FRANKLIN

# Archer's LAUNDRY

30 OFFICES IN BALTIMORE

℞ **Prunoids** — For Constipation

One Box

*SIG—One or two at bedtime.*

"An ideal purgative minus cathartic iniquities."

℞ **Cactina Pillets** — For the Heart

One Bottle

*SIG—One to three pillets three times a day.*

"A cardiac tonic of exceptional value when the heart needs supporting or reinforcing."

℞ **Seng** — For Atonic Dyspepsia

One Bottle

*SIG—One to two teaspoonfuls in water before meals.*

"A stimulator of glandular activity throughout the alimentary canal."

SULTAN DRUG CO., ST. LOUIS, MO.

## SUITING FOR UNIFORMS

Every nurse cares to have nice looking uniforms—and every nurse can have such uniforms at trifling cost.

We sell tremendous quantities of the material—it is popular with everybody who uses it.

Linen-finish Suiting—a medium weight fabric with smooth finish; 36 inches wide. **15c a yard.**

Shrunk Suiting—Samson cloth finish; 36 inches wide. **12½c a yard.**

WRITE FOR SAMPLES **JOEL GUTMAN & CO.**

**112 to 122 N. Eutaw St. = = = Baltimore, Md.**

## SAL HEPATICA

We solicit the careful consideration of the physicians to the merits of Sal Hepatica in the treatment of Rheumatism, in Constipation and Auto-intoxication, and to its highly important property of cleansing the entire alimentary tract, thereby eliminating and preventing the absorption of irritating toxins and relieving the conditions arising from indiscretion in eating and drinking.

Write for free sample.

**BRISTOL-MYERS CO.**

Manufacturing Chemists

277-281 Greene Avenue, Brooklyn, New York, U.S.A.

# Old Town Laundry

410-16 Ensor Street

***General Launderers***

St. Paul 5804 Phone Us

# A. D. Sessions & Co.

DEALERS IN

**Fish, Terrapin, Soft Crabs**
**Game and Lobster**

Office and Warehouse :: 28 Market Place

Also at the Several Fish Markets

# The National Bank of Baltimore

*The Oldest Bank in Maryland*

Baltimore and St. Paul Streets

[illegible] Years of Continuous and Successful Banking
Has Paid Its Stockholders [illegible] Consecutive Dividends

DEPOSITORY OF THE UNITED STATES, STATE OF MARYLAND, CITY OF BALTIMORE

*Officers*

J. Rowland Thomas, President
W. Bernard Duke, Vice-President — J. Albert Hughes, Vice-President
William J. Pelcher, Cashier — Snowden Hoff, Ass't Cashier

| | |
|---|---|
| Capital Surplus and Undivided Profits, | $ 1,630,000 |
| Deposits, | 8,180,000 |
| Resources, | 11,110,000 |

*We Respectfully Invite Your Account*

# R. LEE JONES

Wholesale and Retail Dealer in Best Qualities of

Anthracite **COAL** Bituminous

PINE, OAK AND HICKORY WOOD

Office and Railroad Yard:

S. W. Corner Pratt and Greene Streets

Telephone, St. Paul 329

Exclusive Distributor of QUEMAHONING COAL CO'S
Celebrated "RALPHTON" Steam Coal

# NEELY & ENSOR

*Agents for*

Alco and Kline Pleasure Cars
Alco and Lippard, Stewart
Commercial Trucks ::: ::: :::

Capacity from 1500 Lbs. to 6½ Tons

*Building, Painting and General Repairers from TOP to TIRE*

COR. MT. ROYAL AVE. and McMECHEN ST.

Phone, 4255 Madison

*Safe Deposit Boxes* *Notary Public* *Fire and Burglar Proof*

THE

# Commonwealth Bank

*State Depository*

Howard and Madison Streets

BALTIMORE, MD.

*Savings Department - - Interest 3½ Per Cent.*

# Cheap Heating

is high at any price. Pay a little money to the contractor that has your confidence, and have your Steam or Hot Water system properly installed.

If you want a "cheap" job, do not bother me. If you want a heating plant that will give you satisfaction, I am at your service.

For PLUMBING or GAS FITTING it is the same.

WM. DUNNETT

Both Phones 645 N. Eutaw Street

## THE CONTROL OF PAIN

is almost invariably the first indication for treatment in every acutely painful affection. But, in obtaining effective analgesia, care must always be taken never to alter or obscure the pathologic picture. The great therapeutic utility of

# PAPINE

depends not alone upon its remarkable pain-relieving properties but also on its complete freedom from the narcotic and toxic action common to other opiates. **Papine** does not nauseate, constipate nor create a habit. It has, therefore, no contraindications of age or physical condition

**BATTLE & COMPANY**

PARIS — ST. LOUIS — LONDON

WHITE & COMPANY

## FLOUR

117 Commerce St., BALTIMORE, MD.

*"The Quality House"*

## Pillsbury's Best XXXX

Used by Leading Hospitals, Colleges, Hotels and Institutions Everywhere

Pillsbury Flour Mills Co.

Union Trust Building BALTIMORE, MD.

## Walnut Grove Dairy

PURE MILK, CREAM AND BUTTER

Office and Dairy:

C. & P. Phone 2620 and 2622 Francis St.

THE ALPHA
PHOTO ENGRAVING COMPANY
ARTISTS ENGRAVERS

# GLYCO-HEROIN (SMITH)

For Coughs, Bronchitis, Phthisis, Whooping Cough, Pneumonia, Asthma

AN ABSOLUTELY STABLE AND UNIFORM PRODUCT THAT HAS GAINED WORLD-WIDE DISTINCTION THROUGH ITS DEPENDABLE THERAPEUTIC EFFECTS

DOSAGE

The adult dose of the preparation is one teaspoonful, repeated every two hours or at longer intervals, according to the requirements of the individual case.

For Children of ten or more years, from one-quarter to one-half teaspoonful.

For children of three or more years, from five to ten drops.

FOR SAMPLES AND LITERATURE ADDRESS

MARTIN H. SMITH CO., NEW YORK, N.Y. U.S.A.



# University of Maryland

## DENTAL DEPARTMENT.

The regular Winter Session begins on October 1st of each year, and continues until the following May.

The Annual Catalogue contains Course of Study, Terms, etc. Attendance upon *three* regular Winter Sessions will be required before the final examinations for the degree of Doctor of Dental Surgery.

Graduates of Medicine and those who have attended one or more previous sessions at a reputable dental school, admitted to higher grades. The requirements for admission are the same as in all other reputable dental colleges.

**FEES:**

| | |
|---|---|
| **Matriculation** (paid once only) | $ 5.00 |
| **Tuition Fee** | 150.00 |
| **Diploma Fee** | 30.00 |
| **Dissecting Fee** (paid once only) | 10.00 |

Students who have attended a Session of this, or any other College, prior to 1906-1907, are admitted on the old fees. For information and Annual Catalogue, Address

**T. O. HEATWOLE, M.D., D.D.S., Dean**

**Baltimore, Md.**



WM. J. COLEMAN,
Medical Superintendent.

H. H. WARFIELD,
Manager.

# UNIVERSITY HOSPITAL

COR. LOMBARD AND GREENE STREETS

BALTIMORE, MD.

ORIGINAL LACTIC ACID
AND ALBUMIN

PREPARED BY
ARMEN H. THOUMAIAN

DELIVERED PROMPTLY TO ALL PARTS OF THE CITY

**In JAUNDICE**
**HEPATIC TORPOR**
**CONSTIPATION**
**DYSPEPSIA and**
**LIVER DISORDERS**
**in GENERAL**

when hepatic stimulation without pronounced catharsis is sought, the most efficient remedy to employ is

## Chionia

Prompt and positive in its effect on the sluggish liver, Chionia may be relied upon to promote hepatic activity without purgation.

**In EPILEPSY**
**ACUTE MANIA**
**DELIRIUM TREMENS**
**CHOREA and**
**NERVOUS DISEASES**
**in GENERAL**

whenever the bromides are indicated the one preparation that presents the most advantages and the fewest drawbacks is

## Peacock's BROMIDES

Safe, effective and thoroughly reliable, the painstaking physician can use this product with every confidence in the results he will obtain.

PEACOCK CHEMICAL CO., ST. LOUIS, MO.

*Udeservem*

"SQUARE DIEHL" CLOTHES

605 WEST BALTIMORE STREET

*Suits, $15.00 to $40.00*

HOLL

*Tailor*

24 East Fayette Street, Baltimore

We extend a most cordial invitation to all that desire distinctive and perfect-fitting garments, which is our unfailing guarantee.

Established 1878

THE RELAY SANITARIUM

*For the Treatment of* { Mental and Nervous Diseases / Alcoholic and Drug Addiction

Located Near Relay Station, B. & O. R. R. 15 Minutes' Ride, by Train, from Baltimore, 37 from Washington

Situated in the centre of a natural forest park of 92 acres, showing a superb view of the river and valley of the Patapsco. Elegant drives and walks throughout the grounds. Under the personal management of DR. LEWIS H. GUNDRY. For information and rates, address

Phone: C. & P., Elkridge 40 DR. LEWIS H. GUNDRY Relay, Baltimore Co., Md.

*All Students Visit* ➤➤➤ The Palace Bowling Alleys

POOL TABLES BUFFET

Telephone, St. Paul 4808
529 WEST BALTIMORE STREET
CHAS. V. DUNCAN, Mgr.

CALL UP

WM. JACOBS & SONS

FOR YOUR

Fish Crabs Clams, Etc.

OUR PRICES ARE RIGHT

411 N. Paca St. 117 S. Chapel St.

PHONES { Mt. Vernon 767 / Wolfe 3113

The Henry B. Gilpin Co.

*Import and Export Druggists*

*MANUFACTURING PHARMACISTS AND DRUGGISTS' SUNDRYMEN*

ALSO MANUFACTURERS OF

TALCOLETTE and TALCOLETTE SOAP

300-302 W. Lombard St., Baltimore, Md.

*The*

Richard Gundry Home

**Harlem Lodge, Catonsville, Md.**

*Established 1891*

A Private Sanitarium for the Treatment of Nervous and Mental Diseases, Drug and Alcoholic Addictions.

*Open All the Year*

Write for illustrated booklet to

**Dr. RICHARD F. GUNDRY**

**CATONSVILLE, MD.**

C. & P. Long Distance Phone, Catonsville, Maryland

# GENEVA MINERAL WATER

IS THE

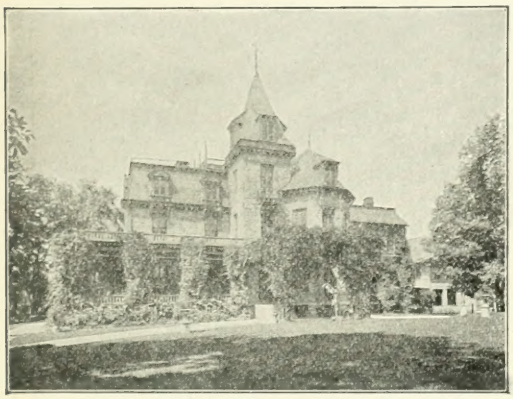
## Most Effective of All Mineral Waters

INDICATED IN GOUT, RHEUMATISM AND ALL URIC ACID DISORDERS
AND FOR THE STOMACH, LIVER, KIDNEYS AND BLADDER

C. & P. Phone, St. Paul 1817
The Oldest Mineral Water Depot in the City **Depot 16 Clay Street** Formerly Under Masonic Temple

The only Genuine Mineral Water sold from a Baltimore Depot on its honest merits, and shipped direct to the consumer in glass. Glass is the only material a mineral water can be stored in to retain its natural purity and effectiveness.

When You Prescribe GENEVA, You Prescribe the BEST



# The Gundry Sanitarium

(ATHOL)

A Private Sanitarium for the care and treatment of Nervous and selected cases of Mental Diseases of Women.

Splendidly located, retired and accessible to Baltimore; surrounded by 28 acres of beautiful grounds. Buildings modern and well arranged. Every facility for treatment and classification. Under the management of Dr. A. T. GUNDRY.

For further information, write or telephone

**Dr. ALFRED T. GUNDRY**

OR

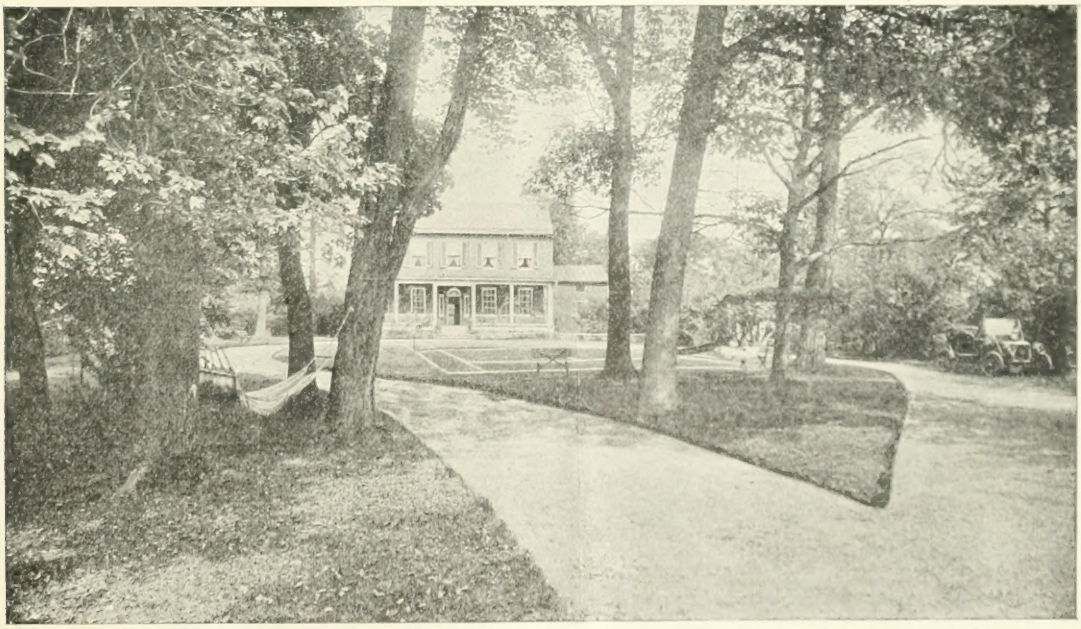
**The Gundry Sanitarium (Athol)**

CATONSVILLE, MD.

# DEER PARK SANITARIUM

**PIKESVILLE, BALTIMORE COUNTY, MD.**

DR. W. P. E. WYSE, Physician-in-Charge DR. CHARLES G. HILL, Consultant

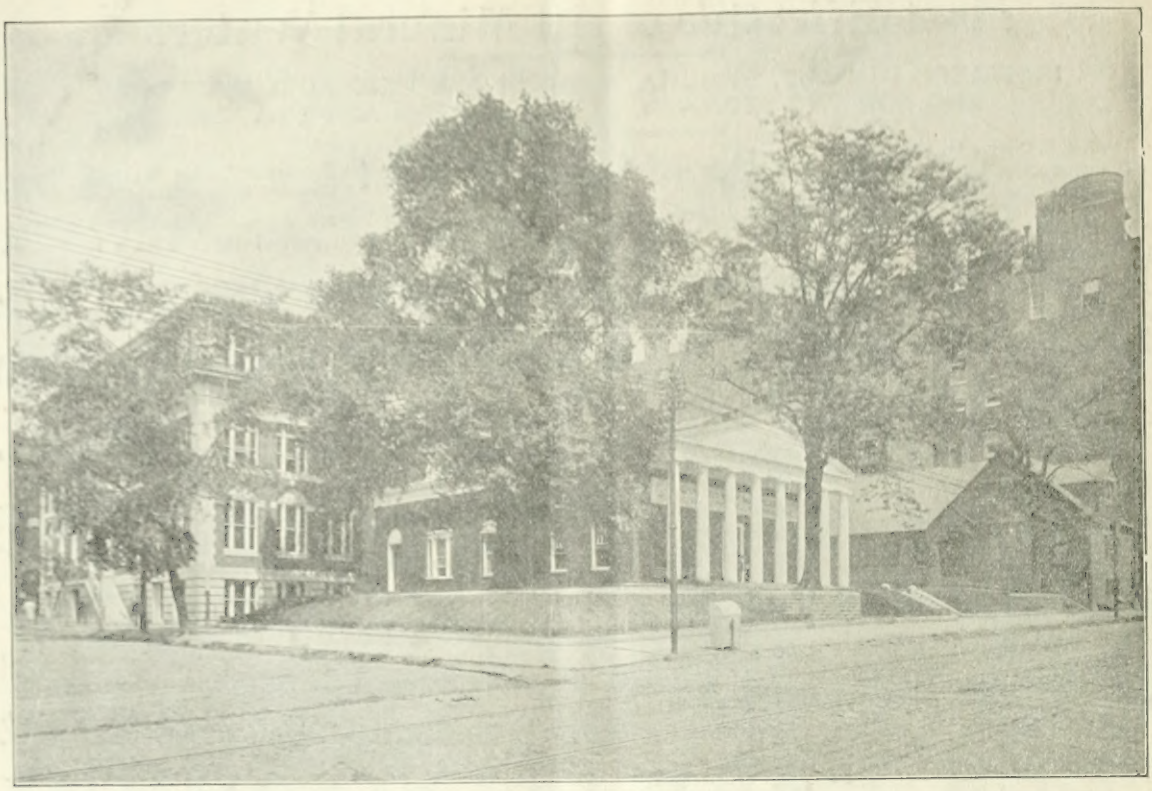


A quiet country retreat for Invalids, Convalescents, Nervous Cases and those addicted to Alcoholic and Drug Habits, conducted as little like an institution and as much like a private home as possible. Situated in the center of an estate of 166 acres, a few miles from Baltimore, in its most beautiful suburban section near the celebrated Green Spring Valley. For further information, write or telephone

DR. W. P. E. WYSE, Pikesville, Baltimore County, Md.

# UNIVERSITY OF MARYLAND
## SCHOOL OF MEDICINE

THOMAS FELL, A.M., Ph.D., LL.D., D.C.L., - - Provost



### FACULTY OF PHYSIC

SAMUEL C. CHEW, M. D., LL. D., Emeritus Professor of Medicine.
R. DORSEY COALE, M. D., Ph. D., Professor of Chemistry and Toxicology.
RANDOLPH WINSLOW, A. M., M. D., LL. D., Professor of Surgery.
L. E. NEALE, M. D., LL. D., Professor of Obstetrics.
CHAS. W. MITCHELL, A. M., M. D., Professor of Pediatrics and Clinical Medicine.
THOS. A. ASHBY, M. D., LL. D., Professor of Diseases of Women.
JOHN HOLMES SMITH, M. D., Professor of Anatomy.
JOHN C. HEMMETER, M. D., Ph. D., Sc. D., LL. D., Professor of Physiology and Clinical Medicine.
A. M. SHIPLEY, M. D., Professor of Materia Medica and Surgical Pathology.
DAVID STREETT, A. M., M. D., Professor of Practice of Medicine.
S. K. MERRICK, M. D., Professor of Diseases of the Nose and Throat.
R. B. WARFIELD, M. D., Professor of Practice of Surgery.
ERNEST ZUEBLIN, M. D., Professor of Medicine.
HIRAM WOODS, JR., M. A., M. D., Professor of Eye and Ear Diseases.
JOSE L. HIRSH, B. A., M. D., Professor of Pathology and Bacteriology.
JOHN S. FULTON, A. B., M. D., Professor of State Medicine.
DANIEL BASE, B. A., Ph. D., Professor of Analytical Chemistry.
GORDON WILSON, M. D., Professor of Clinical Medicine.
HARRY ADLER, B. A., M. D., Professor of Therapeutics and Clinical Medicine.
THOMAS C. GILCHRIST, M. R. C. S., M. D., Professor of Dermatology.
FRANK MARTIN, B. S., M. D., Professor of Operative and Clinical Surgery.
CHARLES G. HILL, A. M., M. D., Professor of Psychiatry.
A. C. POLE, M. D., Professor of Descriptive Anatomy.
J. D. BLAKE, M. D., Professor of Clinical Surgery.
J. FRANK CROUCH, M. D., Professor of Clinical Ophthalmology and Otology.
J. M. H. ROWLAND, M. D., Professor of Clinical Obstetrics.
CHARLES O'DONOVAN, A. M., M. D., LL.D., Professor of Clinical Pediatrics and Clinical Medicine.
G. MILTON LINTHICUM, A. M., M. D., Professor of Proctology.
W. B. PERRY, M. D., Professor of Clinical Gynecology.
TILGHMAN B. MARDEN, A. B., M. D., Professor of Histology and Embryology.
J. MASON HUNDLEY, M. D., Professor of Clinical Gynecology.
JOSEPH T. SMITH, M. D., Professor of Medical Jurisprudence and Hygiene.
ST. CLAIR SPRUILL, M. D., Professor of Clinical Surgery.
R. TUNSTALL TAYLOR, M. D., Professor of Orthopedic Surgery.
JOHN R. WINSLOW, B. A., M. D., Professor of Diseases of the Throat and Nose.
J. M. CRAIGHILL, M. D., Professor of Clinical Medicine.
JOS. E. GICHNER, M. D., Professor of Clinical Medicine and Physical Therapeutics.
CHAS. M. McELFRESH, M. D., Professor of Clinical Medicine.
IRVING J. SPEAR, M. D., Professor of Nervous Diseases.
GIDEON TIMBERLAKE, M. D., Professor of Genito-Urinary Diseases.
JAMES A. NYDEGGER, M. A., M. D., Sc. D., Surgeon U. S. P. H. Service, Professor of Tropical Medicine.
JOHN G. JAY, M. D., Clinical Professor of Surgery.
NATHAN WINSLOW, A. M., M. D., Clinical Professor of Surgery.
PAGE EDMUNDS, M. D., Clinical Professor of Genito-Urinary Diseases.
RICHARD H. JOHNSTON, A. B., M. D., Clinical Professor of Diseases of the Nose and Throat.
JOSEPH W. HOLLAND, M. D., Associate Professor of Anatomy.
T. L. PATTERSON, M. A., Associate Professor of Biology and Physiology.
WILLIAM TARUN, M. D., Associate Professor of Diseases of the Eye and Ear.
G. C. LOCKARD, M. D., Associate Professor of Clinical Medicine and Pediatrics.
E. L. WHITNEY, M. D., Associate Professor of Physiological Chemistry, Pharmacology and Clinical Pathology.
E. B. FREEMAN, S. B., M. D., Associate Professor of Clinical Medicine.
WILLIAM CASPARI, JR., Ph. G., M. D., Associate Professor of Materia Medica.
J. W. COLE, M. D., Associate Professor of Clinical Medicine.
H. R. SPENCER, M. D., Associate Professor of Pathology and Bacteriology.
E. R. STROBEL, A. B., M. D., Associate Professor of Dermatology.
W. B. WOLF, M. D., Associate Professor of Genito-Urinary Diseases.
THOMAS W. KEOWN, A. B., M. D., Associate Professor of Clinical Medicine.
J. CLEMENT CLARK, M. D., Associate Professor of Psychiatry